

AmeriCares Foundation, Inc.

IRS Form 990

Fiscal Year 2013

Cumulative e-File History 2012	
FED	
Locator:	56275Y
Taxpayer Name:	AmeriCares Foundation, Inc.
Return Type:	990, 990
Submitted Date:	01/29/2014 15:08:55
Acknowledgement Date:	01/29/2014 15:26:15
Status:	Accepted
Submission ID:	13037220140295000001



Department of the Treasury
Internal Revenue Service
Ogden UT 84201

For assistance, call:
1-877-829-5500
FAX 801-620-5670

Notice Number: CP211A
Date: December 2, 2013

Taxpayer Identification Number:
06-1008595
Tax Form: 990
Tax Period: June 30, 2013

019068.242723.1617.074 1 AB 0.384 373



AMERICARES FOUNDATION INC
% KATHERINE A SEARS SR VP CF
88 HAMILTON AVE
STAMFORD CT 06902-3111



019068

APPLICATION FOR EXTENSION OF TIME TO FILE AN EXEMPT ORGANIZATION RETURN - APPROVED

We received and approved your Form 8868, Application for Extension of Time to File an Exempt Organization Return, for the return (form) and tax period identified above. Your extended due date to file your return is **February 15, 2014**.

When it's time to file your Form 990, 990-EZ, 990-PF or 1120-POL, you should consider filing electronically. Electronic filing is the fastest, easiest and most accurate way to file your return. For more information, visit the Charities and Nonprofit web at www.irs.gov/eo. This site will provide information about:

- The type of returns that can be filed electronically,
- approved e-File providers, and
- if you are required to file electronically.

If you have any questions, please call us at the number shown above, or you may write us at the address shown at the top of this letter.

Return of Organization Exempt From Income Tax
 Under section 501(c), 527, or 4947(a)(1) of the Internal Revenue Code (except black lung benefit trust or private foundation)

Department of the Treasury
Internal Revenue Service

▶ The organization may have to use a copy of this return to satisfy state reporting requirements.

A For the 2012 calendar year, or tax year beginning 07/01, 2012, and ending 06/30, 2013

B Check if applicable: <input type="checkbox"/> Address change <input type="checkbox"/> Name change <input type="checkbox"/> Initial return <input type="checkbox"/> Terminated <input type="checkbox"/> Amended return <input type="checkbox"/> Application pending	C Name of organization AMERICARES FOUNDATION, INC. Doing Business As		D Employer identification number 06-1008595
	Number and street (or P.O. box if mail is not delivered to street address) Room/suite		E Telephone number (203) 658-9500
	City or town, state or country, and ZIP + 4 STAMFORD, CT 06902-3111		G Gross receipts \$ 630,649,483.
	F Name and address of principal officer: CURTIS R. WELLING, PRES. & CEO 88 HAMILTON AVENUE STAMFORD, CT 06902		H(a) Is this a group return for affiliates? Yes <input type="checkbox"/> No <input checked="" type="checkbox"/> H(b) Are all affiliates included? Yes <input type="checkbox"/> No <input type="checkbox"/> If "No," attach a list. (see instructions)
I Tax-exempt status. <input checked="" type="checkbox"/> 501(c)(3) <input type="checkbox"/> 501(c) () ◀ (insert no.) <input type="checkbox"/> 4947(a)(1) or <input type="checkbox"/> 527		H(c) Group exemption number ▶	
J Website: WWW.AMERICARES.ORG			L Year of formation: 1979 M State of legal domicile: CT
K Form of organization <input checked="" type="checkbox"/> Corporation <input type="checkbox"/> Trust <input type="checkbox"/> Association <input type="checkbox"/> Other ▶			

Part I Summary

Activities & Governance	1	Briefly describe the organization's mission or most significant activities: AMERICARES IS A NONPROFIT GLOBAL HEALTH AND DISASTER RELIEF ORGANIZATION THAT DELIVERS MEDICINES, MEDICAL SUPPLIES AND HUMANITARIAN AID TO PEOPLE IN NEED AROUND THE WORLD AND IN THE U.S.	
	2	Check this box <input type="checkbox"/> if the organization discontinued its operations or disposed of more than 25% of its net assets.	
	3	Number of voting members of the governing body (Part VI, line 1a)	18.
	4	Number of independent voting members of the governing body (Part VI, line 1b)	17.
	5	Total number of individuals employed in calendar year 2012 (Part V, line 2a)	135.
	6	Total number of volunteers (estimate if necessary)	21.
	7a	Total gross unrelated business revenue from Part VIII, column (C), line 12	0
b	Net unrelated business taxable income from Form 990-T, line 34	0	

			Prior Year Current Year			
			Revenue			
8	Contributions and grants (Part VIII, line 1h)	COPY FOR PUBLIC INSPECTION	524,509,518.	620,146,474.		
9	Program service revenue (Part VIII, line 2g)		469,490.	655,426.		
10	Investment income (Part VIII, column (A), lines 3, 4, and 7d)		984,913.	1,004,219.		
11	Other revenue (Part VIII, column (A), lines 5, 6d, 8c, 9c, 10c, and 11e)		105,118.	44,704.		
12	Total revenue - add lines 8 through 11 (must equal Part VIII, column (A), line 12)		526,069,039.	621,850,823.		
Expenses						
			13	Grants and similar amounts paid (Part IX, column (A), lines 1-3)	457,549,326.	590,735,261.
			14	Benefits paid to or for members (Part IX, column (A), line 4)	0	0
			15	Salaries, other compensation, employee benefits (Part IX, column (A), lines 5-10)	11,438,004.	13,080,160.
			16a	Professional fundraising fees (Part IX, column (A), line 11e)	627,048.	108,450.
			b	Total fundraising expenses (Part IX, column (D), line 25) ▶	8,119,460.	
			17	Other expenses (Part IX, column (A), lines 11a-11d, 11f-24f)	50,486,805.	56,236,621.
18	Total expenses. Add lines 13-17 (must equal Part IX, column (A), line 25)	520,101,183.	660,160,492.			
19	Revenue less expenses. Subtract line 18 from line 12	5,967,856.	-38,309,669.			
Net Assets or Fund Balances			Beginning of Current Year End of Year			
			20	Total assets (Part X, line 16)	162,225,980.	125,441,206.
			21	Total liabilities (Part X, line 26)	8,890,342.	10,295,961.
22	Net assets or fund balances. Subtract line 21 from line 20	153,335,638.	115,145,245.			

Part II Signature Block

Under penalties of perjury, I declare that I have examined this return, including accompanying schedules and statements, and to the best of my knowledge and belief, it is true, correct, and complete. Declaration of preparer (other than officer) is based on all information of which preparer has any knowledge.

Sign Here	Signature of officer: <i>Gary L. Leeds</i>	Date: 1/29/2014
	Type or print name and title: Gary L. Leeds V.P. FINANCE & CFO	

Paid Preparer Use Only	Print/Type preparer's name	Preparer's signature	Date	Check if self-employed <input type="checkbox"/>	PTIN
	Firm's name ▶	<i>Scott Thompsett</i>	1/29/14	<input type="checkbox"/>	P00741490
	Firm's address ▶	GRANT THORNTON LLP	EIN ▶ 36-6055558		Phone no. ▶ 212-599-0100

May the IRS discuss this return with the preparer shown above? (see instructions) Yes No

For Paperwork Reduction Act Notice, see the separate instructions.

Part III Statement of Program Service Accomplishments

Check if Schedule O contains a response to any question in this Part III Yes No

1 Briefly describe the organization's mission:

ATTACHMENT 1

2 Did the organization undertake any significant program services during the year which were not listed on the prior Form 990 or 990-EZ? Yes No

If "Yes," describe these new services on Schedule O.

3 Did the organization cease conducting, or make significant changes in how it conducts, any program services? Yes No

If "Yes," describe these changes on Schedule O.

4 Describe the organization's program service accomplishments for each of its three largest program services, as measured by expenses. Section 501(c)(3) and 501(c)(4) organizations are required to report the amount of grants and allocations to others, the total expenses, and revenue, if any, for each program service reported.

4a (Code:) (Expenses \$ 517,473,381. including grants of \$ 462,752,933.) (Revenue \$ 0)

ATTACHMENT 2

4b (Code:) (Expenses \$ 129,524,719. including grants of \$ 127,982,095.) (Revenue \$ 0)

ATTACHMENT 3

4c (Code:) (Expenses \$ 1,360,978. including grants of \$ 233.) (Revenue \$ 1,444,894.)

ATTACHMENT 4

4d Other program services (Describe in Schedule O.)

(Expenses \$ including grants of \$) (Revenue \$)

4e Total program service expenses ► 648,359,078.

Part IV Checklist of Required Schedules

	Yes	No
1 Is the organization described in section 501(c)(3) or 4947(a)(1) (other than a private foundation)? <i>If "Yes," complete Schedule A</i>	X	
2 Is the organization required to complete <i>Schedule B, Schedule of Contributors</i> (see instructions)?	X	
3 Did the organization engage in direct or indirect political campaign activities on behalf of or in opposition to candidates for public office? <i>If "Yes," complete Schedule C, Part I</i>		X
4 Section 501(c)(3) organizations. Did the organization engage in lobbying activities, or have a section 501(h) election in effect during the tax year? <i>If "Yes," complete Schedule C, Part II</i>		X
5 Is the organization a section 501(c)(4), 501(c)(5), or 501(c)(6) organization that receives membership dues, assessments, or similar amounts as defined in Revenue Procedure 98-19? <i>If "Yes," complete Schedule C, Part III</i>		X
6 Did the organization maintain any donor advised funds or any similar funds or accounts for which donors have the right to provide advice on the distribution or investment of amounts in such funds or accounts? <i>If "Yes," complete Schedule D, Part I</i>		X
7 Did the organization receive or hold a conservation easement, including easements to preserve open space, the environment, historic land areas, or historic structures? <i>If "Yes," complete Schedule D, Part II</i>		X
8 Did the organization maintain collections of works of art, historical treasures, or other similar assets? <i>If "Yes," complete Schedule D, Part III</i>		X
9 Did the organization report an amount in Part X, line 21, for escrow or custodial account liability; serve as a custodian for amounts not listed in Part X; or provide credit counseling, debt management, credit repair, or debt negotiation services? <i>If "Yes," complete Schedule D, Part IV</i>		X
10 Did the organization, directly or through a related organization, hold assets in temporarily restricted endowments, permanent endowments, or quasi-endowments? <i>If "Yes," complete Schedule D, Part V</i>	X	
11 If the organization's answer to any of the following questions is "Yes," then complete Schedule D, Parts VI, VII, VIII, IX, or X as applicable.		
a Did the organization report an amount for land, buildings, and equipment in Part X, line 10? <i>If "Yes," complete Schedule D, Part VI</i>	X	
b Did the organization report an amount for investments-other securities in Part X, line 12 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VII</i>		X
c Did the organization report an amount for investments-program related in Part X, line 13 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part VIII</i>		X
d Did the organization report an amount for other assets in Part X, line 15 that is 5% or more of its total assets reported in Part X, line 16? <i>If "Yes," complete Schedule D, Part IX</i>		X
e Did the organization report an amount for other liabilities in Part X, line 25? <i>If "Yes," complete Schedule D, Part X</i>	X	
f Did the organization's separate or consolidated financial statements for the tax year include a footnote that addresses the organization's liability for uncertain tax positions under FIN 48 (ASC 740)? <i>If "Yes," complete Schedule D, Part X</i>	X	
12 a Did the organization obtain separate, independent audited financial statements for the tax year? <i>If "Yes," complete Schedule D, Parts XI and XII</i>		X
b Was the organization included in consolidated, independent audited financial statements for the tax year? <i>If "Yes," and if the organization answered "No" to line 12a, then completing Schedule D, Parts XI and XII is optional</i>	X	
13 Is the organization a school described in section 170(b)(1)(A)(ii)? <i>If "Yes," complete Schedule E</i>		X
14 a Did the organization maintain an office, employees, or agents outside of the United States?	X	
b Did the organization have aggregate revenues or expenses of more than \$10,000 from grantmaking, fundraising, business, investment, and program service activities outside the United States, or aggregate foreign investments valued at \$100,000 or more? <i>If "Yes," complete Schedule F, Parts I and IV</i>	X	
15 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of grants or assistance to any organization or entity located outside the United States? <i>If "Yes," complete Schedule F, Parts II and IV</i>	X	
16 Did the organization report on Part IX, column (A), line 3, more than \$5,000 of aggregate grants or assistance to individuals located outside the United States? <i>If "Yes," complete Schedule F, Parts III and IV</i>	X	
17 Did the organization report a total of more than \$15,000 of expenses for professional fundraising services on Part IX, column (A), lines 6 and 11e? <i>If "Yes," complete Schedule G, Part I (see instructions)</i>	X	
18 Did the organization report more than \$15,000 total of fundraising event gross income and contributions on Part VIII, lines 1c and 8a? <i>If "Yes," complete Schedule G, Part II</i>	X	
19 Did the organization report more than \$15,000 of gross income from gaming activities on Part VIII, line 9a? <i>If "Yes," complete Schedule G, Part III</i>		X
20 a Did the organization operate one or more hospital facilities? <i>If "Yes," complete Schedule H</i>		X
b If "Yes" to line 20a, did the organization attach a copy of its audited financial statements to this return?		

Part IV Checklist of Required Schedules (continued)

		Yes	No
21	Did the organization report more than \$5,000 of grants and other assistance to any government or organization in the United States on Part IX, column (A), line 1? <i>If "Yes," complete Schedule I, Parts I and II.</i>	X	
22	Did the organization report more than \$5,000 of grants and other assistance to individuals in the United States on Part IX, column (A), line 2? <i>If "Yes," complete Schedule I, Parts I and III.</i>	X	
23	Did the organization answer "Yes" to Part VII, Section A, line 3, 4, or 5 about compensation of the organization's current and former officers, directors, trustees, key employees, and highest compensated employees? <i>If "Yes," complete Schedule J.</i>	X	
24 a	Did the organization have a tax-exempt bond issue with an outstanding principal amount of more than \$100,000 as of the last day of the year, that was issued after December 31, 2002? <i>If "Yes," answer lines 24b through 24d and complete Schedule K. If "No," go to line 25.</i>		X
b	Did the organization invest any proceeds of tax-exempt bonds beyond a temporary period exception?		
c	Did the organization maintain an escrow account other than a refunding escrow at any time during the year to defease any tax-exempt bonds?		
d	Did the organization act as an "on behalf of" issuer for bonds outstanding at any time during the year?		
25 a	Section 501(c)(3) and 501(c)(4) organizations. Did the organization engage in an excess benefit transaction with a disqualified person during the year? <i>If "Yes," complete Schedule L, Part I.</i>		X
b	Is the organization aware that it engaged in an excess benefit transaction with a disqualified person in a prior year, and that the transaction has not been reported on any of the organization's prior Forms 990 or 990-EZ? <i>If "Yes," complete Schedule L, Part I.</i>		X
26	Was a loan to or by a current or former officer, director, trustee, key employee, highly compensated employee, or disqualified person outstanding as of the end of the organization's tax year? <i>If "Yes," complete Schedule L, Part II.</i>		X
27	Did the organization provide a grant or other assistance to an officer, director, trustee, key employee, substantial contributor or employee thereof, a grant selection committee member, or to a 35% controlled entity or family member of any of these persons? <i>If "Yes," complete Schedule L, Part III.</i>		X
28	Was the organization a party to a business transaction with one of the following parties (see Schedule L, Part IV instructions for applicable filing thresholds, conditions, and exceptions):		
a	A current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
b	A family member of a current or former officer, director, trustee, or key employee? <i>If "Yes," complete Schedule L, Part IV.</i>		X
c	An entity of which a current or former officer, director, trustee, or key employee (or a family member thereof) was an officer, director, trustee, or direct or indirect owner? <i>If "Yes," complete Schedule L, Part IV.</i>		X
29	Did the organization receive more than \$25,000 in non-cash contributions? <i>If "Yes," complete Schedule M.</i>	X	
30	Did the organization receive contributions of art, historical treasures, or other similar assets, or qualified conservation contributions? <i>If "Yes," complete Schedule M.</i>		X
31	Did the organization liquidate, terminate, or dissolve and cease operations? <i>If "Yes," complete Schedule N, Part I.</i>		X
32	Did the organization sell, exchange, dispose of, or transfer more than 25% of its net assets? <i>If "Yes," complete Schedule N, Part II.</i>		X
33	Did the organization own 100% of an entity disregarded as separate from the organization under Regulations sections 301.7701-2 and 301.7701-3? <i>If "Yes," complete Schedule R, Part I.</i>		X
34	Was the organization related to any tax-exempt or taxable entity? <i>If "Yes," complete Schedule R, Part II, III, or IV, and Part V, line 1.</i>	X	
35 a	Did the organization have a controlled entity within the meaning of section 512(b)(13)?	X	
b	If "Yes" to line 35a, did the organization receive any payment from or engage in any transaction with a controlled entity within the meaning of section 512(b)(13)? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
36	Section 501(c)(3) organizations. Did the organization make any transfers to an exempt non-charitable related organization? <i>If "Yes," complete Schedule R, Part V, line 2.</i>		X
37	Did the organization conduct more than 5% of its activities through an entity that is not a related organization and that is treated as a partnership for federal income tax purposes? <i>If "Yes," complete Schedule R, Part VI.</i>		X
38	Did the organization complete Schedule O and provide explanations in Schedule O for Part VI, lines 11b and 19? Note. All Form 990 filers are required to complete Schedule O	X	

Part V Statements Regarding Other IRS Filings and Tax Compliance

Check if Schedule O contains a response to any question in this Part V. X

Table with columns for question number, description, and Yes/No checkboxes. Includes questions 1a-14b regarding Form 1096, Form W-2G, Form W-3, Form 990-T, Form 8886-T, Form 8282, Form 8899, Form 1098-C, Form 990, Form 1041, and Form 720.

Part VI Governance, Management, and Disclosure For each "Yes" response to lines 2 through 7b below, and for a "No" response to line 8a, 8b, or 10b below, describe the circumstances, processes, or changes in Schedule O. See instructions.

Check if Schedule O contains a response to any question in this Part VI. [X]

Section A. Governing Body and Management

Table with 3 columns: Question, Yes, No. Rows include questions 1a, 1b, 2, 3, 4, 5, 6, 7a, 7b, 8, 8a, 8b, 9.

Section B. Policies (This Section B requests information about policies not required by the Internal Revenue Code.)

Table with 3 columns: Question, Yes, No. Rows include questions 10a, 10b, 11a, 11b, 12a, 12b, 12c, 13, 14, 15, 15a, 15b, 16a, 16b.

Section C. Disclosure

- 17 List the states with which a copy of this Form 990 is required to be filed ATTACHMENT 6
18 Section 6104 requires an organization to make its Forms 1023 (or 1024 if applicable), 990, and 990-T (Section 501(c)(3)s only) available for public inspection. Indicate how you made these available. Check all that apply.
19 Describe in Schedule O whether (and if so, how), the organization made its governing documents, conflict of interest policy, and financial statements available to the public during the tax year.
20 State the name, physical address, and telephone number of the person who possesses the books and records of the organization: GARY L. LEEDS, VP, CFO 88 HAMILTON AVENUE STAMFORD, CT 06902 203-658-9500

Part VII Compensation of Officers, Directors, Trustees, Key Employees, Highest Compensated Employees, and Independent Contractors

Check if Schedule O contains a response to any question in this Part VII

Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

1a Complete this table for all persons required to be listed. Report compensation for the calendar year ending with or within the organization's tax year.

- List all of the organization's **current** officers, directors, trustees (whether individuals or organizations), regardless of amount of compensation. Enter -0- in columns (D), (E), and (F) if no compensation was paid.
- List all of the organization's **current** key employees, if any. See instructions for definition of "key employee."
- List the organization's five **current** highest compensated employees (other than an officer, director, trustee, or key employee) who received reportable compensation (Box 5 of Form W-2 and/or Box 7 of Form 1099-MISC) of more than \$100,000 from the organization and any related organizations.
- List all of the organization's **former** officers, key employees, and highest compensated employees who received more than \$100,000 of reportable compensation from the organization and any related organizations.
- List all of the organization's **former directors or trustees** that received, in the capacity as a former director or trustee of the organization, more than \$10,000 of reportable compensation from the organization and any related organizations.

List persons in the following order: individual trustees or directors; institutional trustees; officers; key employees; highest compensated employees; and former such persons.

Check this box if neither the organization nor any related organization compensated any current officer, director, or trustee.

(A) Name and Title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(1) ELIZABETH P. ALLEN DIRECTOR	1.00	X					0	0	0	
(2) CAROL B. BAUER DIRECTOR	1.00	X					0	0	0	
(3) ELIZABETH F. FRANK DIRECTOR	1.00	X					0	0	0	
(4) C. ROBERT HENRIKSON DIRECTOR	1.00	X					0	0	0	
(5) JOHN L. KELLY DIRECTOR	1.00	X					0	0	0	
(6) PAUL J. KUEHNER DIRECTOR	1.00	X					0	0	0	
(7) JERRY P. LEAMAN DIRECTOR	1.00	X					0	0	0	
(8) ROBERT G. LEARY DIRECTOR	1.00	X					0	0	0	
(9) ALMA JANE MACAULEY VICE CHAIRMAN	1.00	X		X			0	0	0	
(10) C. DEAN MAGLARIS CHAIRMAN	1.00	X		X			0	0	0	
(11) JOSEPH W. MERRILL DIRECTOR (THRU 06/30/13)	1.00	X					0	0	0	
(12) BEVERLY L. SCHUCH DIRECTOR	1.00	X					0	0	0	
(13) FRED WEISMAN DIRECTOR	1.00	X					0	0	0	
(14) STEPHEN WINTER, MD DIRECTOR	1.00	X					0	0	0	

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(15) JOSEPH J. RUCCI, JR. DIRECTOR AND SECRETARY	1.00	X		X			0	0	0	
(16) CURTIS R. WELLING DIRECTOR, PRESIDENT & C.E.O.	40.00	X		X			272,296.	0	43,254.	
(17) SAMHITA JAYANTI DIRECTOR	1.00	X					0	0	0	
(18) KEITH MCALLISTER DIRECTOR	1.00	X					0	0	0	
(19) ALAN RWAMBUYA DIRECTOR	1.00	X					0	0	0	
(20) KEVIN ALLAN SENIOR V.P. - DEVELOPMENT	40.00			X			86,968.	0	14,177.	
(21) KEVIN GILRAIN SENIOR V.P. - HUMAN RESOURCES	40.00			X			169,056.	0	28,573.	
(22) CHRISTOPH GORDER SENIOR V.P. (THRU 10/05/12)	40.00			X			139,629.	0	30,528.	
(23) RACHEL GRANGER V.P. - POST EMERGENCY RESPONSE	40.00			X			123,940.	0	15,366.	
(24) ELLA GUDWIN V.P. - STRATEGY & PRGM DEV.	40.00			X			115,303.	0	37,018.	
(25) GARRETT INGOGLIA V.P. - EMERGENCY RESPONSE	40.00			X			90,935.	0	11,989.	
1b Sub-total							0	0	0	
c Total from continuation sheets to Part VII, Section A							2,804,196.	0	449,628.	
d Total (add lines 1b and 1c)							2,804,196.	0	449,628.	

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation
ATTACHMENT 7		

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ► 9

Part VII Section A. Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees (continued)

(A) Name and title	(B) Average hours per week (list any hours for related organizations below dotted line)	(C) Position (do not check more than one box, unless person is both an officer and a director/trustee)						(D) Reportable compensation from the organization (W-2/1099-MISC)	(E) Reportable compensation from related organizations (W-2/1099-MISC)	(F) Estimated amount of other compensation from the organization and related organizations
		Individual trustee or director	Institutional trustee	Officer	Key employee	Highest compensated employee	Former			
(26) GEOFF KNEISEL ----- V.P. - CORP RELATIONS	40.00			X			106,928.	0	34,864.	
(27) GARY LEEDS ----- VICE PRESIDENT/CONTROLLER	40.00			X			141,060.	0	17,639.	
(28) DIANA MAGUIRE ----- V.P. - INSTITUTIONAL RELATIONS	40.00			X			121,211.	0	14,207.	
(29) WILLIAM POST ----- VICE PRESIDENT - TREASURER	30.00			X			82,352.	0	7,926.	
(30) KATHERINE SEARS ----- SENIOR V.P. FINANCE & TECH/CFO	40.00			X			215,133.	0	35,197.	
(31) CAROL SHATTUCK ----- SENIOR V.P. - COMMUNICATIONS	40.00			X			208,066.	0	30,710.	
(32) LEE WEINER ----- V.P. - DIRECT RESPONSE	40.00			X			131,025.	0	25,243.	
(33) ADAM ZAYAN ----- V.P. - GLOBAL PARTNERSHIPS	40.00			X			145,831.	0	32,842.	
(34) FRANK BIA ----- MEDICAL DIRECTOR	40.00					X	180,560.	0	39,894.	
(35) LESLIE GIANELLI ----- DIRECTOR COMMUNICATIONS	40.00					X	128,768.	0	15,650.	
(36) STEVE BARDOS ----- IT SPECIALIST	40.00					X	122,360.	0	0	
1b Sub-total										
c Total from continuation sheets to Part VII, Section A										
d Total (add lines 1b and 1c)										

2 Total number of individuals (including but not limited to those listed above) who received more than \$100,000 of reportable compensation from the organization ► 19

	Yes	No
3 Did the organization list any former officer, director, or trustee, key employee, or highest compensated employee on line 1a? <i>If "Yes," complete Schedule J for such individual</i>		X
4 For any individual listed on line 1a, is the sum of reportable compensation and other compensation from the organization and related organizations greater than \$150,000? <i>If "Yes," complete Schedule J for such individual</i>	X	
5 Did any person listed on line 1a receive or accrue compensation from any unrelated organization or individual for services rendered to the organization? <i>If "Yes," complete Schedule J for such person</i>		X

Section B. Independent Contractors

1 Complete this table for your five highest compensated independent contractors that received more than \$100,000 of compensation from the organization. Report compensation for the calendar year ending with or within the organization's tax year.

(A) Name and business address	(B) Description of services	(C) Compensation

2 Total number of independent contractors (including but not limited to those listed above) who received more than \$100,000 in compensation from the organization ►

Part VIII Statement of Revenue

Check if Schedule O contains a response to any question in this Part VIII.

				(A) Total revenue	(B) Related or exempt function revenue	(C) Unrelated business revenue	(D) Revenue excluded from tax under sections 512, 513, or 514	
Contributions, Gifts, Grants and Other Similar Amounts	1a	Federated campaigns	1a 225,419.					
	b	Membership dues	1b					
	c	Fundraising events	1c 1,610,984.					
	d	Related organizations	1d					
	e	Government grants (contributions)	1e					
	f	All other contributions, gifts, grants, and similar amounts not included above	1f 618,310,071.					
	g	Noncash contributions included in lines 1a-1f: \$	593,585,342.					
	h	Total. Add lines 1a-1f		620,146,474.				
	Program Service Revenue	2a	EL SALVADOR PATIENT VISIT REVENUE	Business Code 621400	604,488.	604,488.		
b		EL SALVADOR CAFETERIA INCOME	900099	43,493.			43,493.	
c		EL SALVADOR MISCELLANEOUS INCOME	900099	7,445.			7,445.	
d								
e								
f		All other program service revenue						
g		Total. Add lines 2a-2f		655,426.				
Other Revenue		3	Investment income (including dividends, interest, and other similar amounts)		985,301.			985,301.
	4	Income from investment of tax-exempt bond proceeds		0				
	5	Royalties		0				
	6a	Gross rents	(i) Real					
			(ii) Personal					
			b	Less: rental expenses				
			c	Rental income or (loss)				
	d	Net rental income or (loss)		0				
	7a	Gross amount from sales of assets other than inventory	(i) Securities	7,896,934.				
			(ii) Other					
			b	Less: cost or other basis and sales expenses	7,878,016.			
			c	Gain or (loss)	18,918.			
	d	Net gain or (loss)		18,918.			18,918.	
	8a	Gross income from fundraising events (not including \$ 1,610,984. of contributions reported on line 1c). See Part IV, line 18	a 91,080.					
	b	Less: direct expenses	b 329,682.					
	c	Net income or (loss) from fundraising events		-238,602.			-238,602.	
	9a	Gross income from gaming activities. See Part IV, line 19	a					
b	Less: direct expenses	b						
c	Net income or (loss) from gaming activities		0					
10a	Gross sales of inventory, less returns and allowances	a	789,468.					
		b	Less: cost of goods sold	b 590,962.				
		c	Net income or (loss) from sales of inventory		198,506.			198,506.
Miscellaneous Revenue			Business Code					
11a	MISCELLANEOUS	900099	84,800.			84,800.		
b								
c								
d	All other revenue							
e	Total. Add lines 11a-11d		84,800.					
12	Total revenue. See instructions		621,850,823.	604,488.		1,099,861.		

Part IX Statement of Functional Expenses

Section 501(c)(3) and 501(c)(4) organizations must complete all columns. All other organizations must complete column (A).

Check if Schedule O contains a response to any question in this Part IX

Do not include amounts reported on lines 6b, 7b, 8b, 9b, and 10b of Part VIII.	(A) Total expenses	(B) Program service expenses	(C) Management and general expenses	(D) Fundraising expenses
1 Grants and other assistance to governments and organizations in the United States. See Part IV, line 21	79,883,005.	79,883,005.		
2 Grants and other assistance to individuals in the United States. See Part IV, line 22	128,894,188.	128,894,188.		
3 Grants and other assistance to governments, organizations, and individuals outside the United States. See Part IV, lines 15 and 16	381,958,068.	381,958,068.		
4 Benefits paid to or for members	0			
5 Compensation of current officers, directors, trustees, and key employees	2,657,305.	988,447.	970,306.	698,552.
6 Compensation not included above, to disqualified persons (as defined under section 4958(f)(1)) and persons described in section 4958(c)(3)(B)	0			
7 Other salaries and wages	7,538,101.	4,463,827.	813,446.	2,260,828.
8 Pension plan accruals and contributions (include section 401(k) and 403(b) employer contributions)	382,445.	206,993.	64,389.	111,063.
9 Other employee benefits	1,732,339.	1,028,463.	224,407.	479,469.
10 Payroll taxes	769,970.	391,736.	129,632.	248,602.
11 Fees for services (non-employees):				
a Management	749,580.	534,005.	94,488.	121,087.
b Legal	13,192.	10,632.	2,560.	
c Accounting	158,336.	15,234.	143,102.	
d Lobbying	0			
e Professional fundraising services. See Part IV, line 17	108,450.			108,450.
f Investment management fees	49,888.		49,888.	
g Other. (If line 11g amount exceeds 10% of line 25, column (A) amount, list line 11g expenses on Schedule O.)	1,486,665.	140,630.	260,122.	1,085,913.
12 Advertising and promotion	1,009,530.	49,333.	60.	960,137.
13 Office expenses	87,065.	59,098.	15,655.	12,312.
14 Information technology	484,704.	41,095.	190,192.	253,417.
15 Royalties	0			
16 Occupancy	1,882,668.	1,361,944.	209,596.	311,128.
17 Travel	962,663.	739,508.	45,903.	177,252.
18 Payments of travel or entertainment expenses for any federal, state, or local public officials	0			
19 Conferences, conventions, and meetings	32,827.	20,565.	9,507.	2,755.
20 Interest	0			
21 Payments to affiliates	0			
22 Depreciation, depletion, and amortization	343,577.	190,335.	71,986.	81,256.
23 Insurance	232,953.	88,249.	97,116.	47,588.
24 Other expenses. Itemize expenses not covered above (List miscellaneous expenses in line 24e. If line 24e amount exceeds 10% of line 25, column (A) amount, list line 24e expenses on Schedule O.)				
a INVENTORY WRITE-OFF	42,901,576.	42,901,576.		
b POSTAGE AND FREIGHT	4,858,219.	4,021,274.	12,835.	824,110.
c TELEPHONE	305,228.	87,283.	88,398.	129,547.
d EQUIPMENT & SOFTWARE EQUIP.	190,310.	148,496.	16,539.	25,275.
e All other expenses	487,640.	135,094.	171,827.	180,719.
25 Total functional expenses. Add lines 1 through 24e	660,160,492.	648,359,078.	3,681,954.	8,119,460.
26 Joint costs. Complete this line only if the organization reported in column (B) joint costs from a combined educational campaign and fundraising solicitation. Check here <input type="checkbox"/> if following SOP 98-2 (ASC 958-720)	0			

Part X Balance Sheet

Check if Schedule O contains a response to any question in this Part X

		(A) Beginning of year		(B) End of year
Assets	1 Cash - non-interest-bearing	4,393.	1	3,402.
	2 Savings and temporary cash investments	5,260,248.	2	4,677,871.
	3 Pledges and grants receivable, net	1,760,575.	3	996,107.
	4 Accounts receivable, net	99,140.	4	89,504.
	5 Loans and other receivables from current and former officers, directors, trustees, key employees, and highest compensated employees. Complete Part II of Schedule L	0	5	0
	6 Loans and other receivables from other disqualified persons (as defined under section 4958(f)(1)), persons described in section 4958(c)(3)(B), and contributing employers and sponsoring organizations of section 501(c)(9) voluntary employees' beneficiary organizations (see instructions). Complete Part II of Schedule L	0	6	0
	7 Notes and loans receivable, net	0	7	0
	8 Inventories for sale or use	120,659,106.	8	88,460,919.
	9 Prepaid expenses and deferred charges	492,977.	9	559,400.
	10a Land, buildings, and equipment: cost or other basis. Complete Part VI of Schedule D	10a 5,598,256.		
	b Less: accumulated depreciation	10b 2,421,305.	2,528,072.	10c 3,176,951.
	11 Investments - publicly traded securities	27,713,381.	11	23,724,016.
	12 Investments - other securities. See Part IV, line 11	23,837.	12	26,155.
	13 Investments - program-related. See Part IV, line 11	0	13	0
	14 Intangible assets	0	14	0
	15 Other assets. See Part IV, line 11	3,684,251.	15	3,726,881.
16 Total assets. Add lines 1 through 15 (must equal line 34)	162,225,980.	16	125,441,206.	
Liabilities	17 Accounts payable and accrued expenses	4,112,992.	17	5,144,420.
	18 Grants payable	2,889,723.	18	3,342,743.
	19 Deferred revenue	0	19	0
	20 Tax-exempt bond liabilities	0	20	0
	21 Escrow or custodial account liability. Complete Part IV of Schedule D	0	21	0
	22 Loans and other payables to current and former officers, directors, trustees, key employees, highest compensated employees, and disqualified persons. Complete Part II of Schedule L	0	22	0
	23 Secured mortgages and notes payable to unrelated third parties	0	23	0
	24 Unsecured notes and loans payable to unrelated third parties	0	24	0
	25 Other liabilities (including federal income tax, payables to related third parties, and other liabilities not included on lines 17-24). Complete Part X of Schedule D	1,887,627.	25	1,808,798.
	26 Total liabilities. Add lines 17 through 25	8,890,342.	26	10,295,961.
Net Assets or Fund Balances	Organizations that follow SFAS 117 (ASC 958), check here <input checked="" type="checkbox"/> and complete lines 27 through 29, and lines 33 and 34.			
	27 Unrestricted net assets	105,495,463.	27	70,294,534.
	28 Temporarily restricted net assets	43,465,893.	28	40,437,661.
	29 Permanently restricted net assets	4,374,282.	29	4,413,050.
	Organizations that do not follow SFAS 117 (ASC 958), check here <input type="checkbox"/> and complete lines 30 through 34.			
	30 Capital stock or trust principal, or current funds		30	
	31 Paid-in or capital surplus, or land, building, or equipment fund		31	
	32 Retained earnings, endowment, accumulated income, or other funds		32	
	33 Total net assets or fund balances	153,335,638.	33	115,145,245.
34 Total liabilities and net assets/fund balances	162,225,980.	34	125,441,206.	

Part XI Reconciliation of Net Assets

Check if Schedule O contains a response to any question in this Part XI

1	Total revenue (must equal Part VIII, column (A), line 12)	1	621,850,823.
2	Total expenses (must equal Part IX, column (A), line 25)	2	660,160,492.
3	Revenue less expenses. Subtract line 2 from line 1	3	-38,309,669.
4	Net assets or fund balances at beginning of year (must equal Part X, line 33, column (A))	4	153,335,638.
5	Net unrealized gains (losses) on investments	5	253,164.
6	Donated services and use of facilities	6	0
7	Investment expenses	7	0
8	Prior period adjustments	8	0
9	Other changes in net assets or fund balances (explain in Schedule O)	9	-133,888.
10	Net assets or fund balances at end of year. Combine lines 3 through 9 (must equal Part X, line 33, column (B))	10	115,145,245.

Part XII Financial Statements and Reporting

Check if Schedule O contains a response to any question in this Part XII

- 1** Accounting method used to prepare the Form 990: Cash Accrual Other _____
If the organization changed its method of accounting from a prior year or checked "Other," explain in Schedule O.
- 2a** Were the organization's financial statements compiled or reviewed by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were compiled or reviewed on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- b** Were the organization's financial statements audited by an independent accountant? _____
If "Yes," check a box below to indicate whether the financial statements for the year were audited on a separate basis, consolidated basis, or both:
 Separate basis Consolidated basis Both consolidated and separate basis
- c** If "Yes" to line 2a or 2b, does the organization have a committee that assumes responsibility for oversight of the audit, review, or compilation of its financial statements and selection of an independent accountant? _____
If the organization changed either its oversight process or selection process during the tax year, explain in Schedule O.
- 3a** As a result of a federal award, was the organization required to undergo an audit or audits as set forth in the Single Audit Act and OMB Circular A-133? _____
- b** If "Yes," did the organization undergo the required audit or audits? If the organization did not undergo the required audit or audits, explain why in Schedule O and describe any steps taken to undergo such audits

	Yes	No
2a		X
2b	X	
2c	X	
3a		X
3b		

SCHEDULE A
(Form 990 or 990-EZ)

Public Charity Status and Public Support

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

Complete if the organization is a section 501(c)(3) organization or a section 4947(a)(1) nonexempt charitable trust.

▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
--	---

Part I Reason for Public Charity Status (All organizations must complete this part.) See instructions.

The organization is not a private foundation because it is: (For lines 1 through 11, check only one box.)

- 1 A church, convention of churches, or association of churches described in **section 170(b)(1)(A)(i)**.
- 2 A school described in **section 170(b)(1)(A)(ii)**. (Attach Schedule E.)
- 3 A hospital or a cooperative hospital service organization described in **section 170(b)(1)(A)(iii)**.
- 4 A medical research organization operated in conjunction with a hospital described in **section 170(b)(1)(A)(iii)**. Enter the hospital's name, city, and state: _____
- 5 An organization operated for the benefit of a college or university owned or operated by a governmental unit described in **section 170(b)(1)(A)(iv)**. (Complete Part II.)
- 6 A federal, state, or local government or governmental unit described in **section 170(b)(1)(A)(v)**.
- 7 An organization that normally receives a substantial part of its support from a governmental unit or from the general public described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 8 A community trust described in **section 170(b)(1)(A)(vi)**. (Complete Part II.)
- 9 An organization that normally receives: (1) more than 33 1/3 % of its support from contributions, membership fees, and gross receipts from activities related to its exempt functions - subject to certain exceptions, and (2) no more than 33 1/3% of its support from gross investment income and unrelated business taxable income (less section 511 tax) from businesses acquired by the organization after June 30, 1975. See **section 509(a)(2)**. (Complete Part III.)
- 10 An organization organized and operated exclusively to test for public safety. See **section 509(a)(4)**.
- 11 An organization organized and operated exclusively for the benefit of, to perform the functions of, or to carry out the purposes of one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2). See **section 509(a)(3)**. Check the box that describes the type of supporting organization and complete lines 11e through 11h.
 - a Type I b Type II c Type III-Functionally integrated d Type III-Non-functionally integrated
- e By checking this box, I certify that the organization is not controlled directly or indirectly by one or more disqualified persons other than foundation managers and other than one or more publicly supported organizations described in section 509(a)(1) or section 509(a)(2).
- f If the organization received a written determination from the IRS that it is a Type I, Type II, or Type III supporting organization, check this box
- g Since August 17, 2006, has the organization accepted any gift or contribution from any of the following persons?

	Yes	No
(i) A person who directly or indirectly controls, either alone or together with persons described in (ii) and (iii) below, the governing body of the supported organization?	11g(i)	
(ii) A family member of a person described in (i) above?	11g(ii)	
(iii) A 35% controlled entity of a person described in (i) or (ii) above?	11g(iii)	

(i) Name of supported organization	(ii) EIN	(iii) Type of organization (described on lines 1-9 above or IRC section (see instructions))	(iv) Is the organization in col. (i) listed in your governing document?		(v) Did you notify the organization in col. (i) of your support?		(vi) Is the organization in col. (i) organized in the U.S.?		(vii) Amount of monetary support
			Yes	No	Yes	No	Yes	No	
(A)									
(B)									
(C)									
(D)									
(E)									
Total									

For Paperwork Reduction Act Notice, see the Instructions for Form 990 or 990-EZ.

Schedule A (Form 990 or 990-EZ) 2012

Part II Support Schedule for Organizations Described in Sections 170(b)(1)(A)(iv) and 170(b)(1)(A)(vi)
(Complete only if you checked the box on line 5, 7, or 8 of Part I or if the organization failed to qualify under Part III. If the organization fails to qualify under the tests listed below, please complete Part III.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Tax revenues levied for the organization's benefit; 3 The value of services or facilities furnished by a governmental unit; 4 Total. Add lines 1 through 3; 5 The portion of total contributions by each person; 6 Public support. Subtract line 5 from line 4.

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 7 Amounts from line 4; 8 Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 9 Net income from unrelated business activities; 10 Other income. Do not include gain or loss from the sale of capital assets; 11 Total support. Add lines 7 through 10; 12 Gross receipts from related activities, etc.; 13 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 2 columns: Line number, Percentage. Rows include: 14 Public support percentage for 2012 (line 6, column (f) divided by line 11, column (f)) 66.18%; 15 Public support percentage from 2011 Schedule A, Part II, line 14 61.76%; 16a 33 1/3% support test - 2012. If the organization did not check the box on line 13, and line 14 is 33 1/3% or more, check this box and stop here. The organization qualifies as a publicly supported organization [X]; 17a 10%-facts-and-circumstances test - 2012. If the organization did not check a box on line 13, 16a, or 16b, and line 14 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 17b 10%-facts-and-circumstances test - 2011. If the organization did not check a box on line 13, 16a, 16b, or 17a, and line 15 is 10% or more, and if the organization meets the "facts-and-circumstances" test, check this box and stop here. Explain in Part IV how the organization meets the "facts-and-circumstances" test. The organization qualifies as a publicly supported organization; 18 Private foundation. If the organization did not check a box on line 13, 16a, 16b, 17a, or 17b, check this box and see instructions.

Part III Support Schedule for Organizations Described in Section 509(a)(2)

(Complete only if you checked the box on line 9 of Part I or if the organization failed to qualify under Part II. If the organization fails to qualify under the tests listed below, please complete Part II.)

Section A. Public Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 1 Gifts, grants, contributions, and membership fees received; 2 Gross receipts from admissions, merchandise sold or services performed; 3 Gross receipts from activities that are not an unrelated trade or business under section 513; 4 Tax revenues levied for the organization's benefit; 5 The value of services or facilities furnished by a governmental unit; 6 Total. Add lines 1 through 5; 7a Amounts included on lines 1, 2, and 3 received from disqualified persons; 7b Amounts included on lines 2 and 3 received from other than disqualified persons; 7c Add lines 7a and 7b; 8 Public support (Subtract line 7c from line 6).

Section B. Total Support

Table with 7 columns: (a) 2008, (b) 2009, (c) 2010, (d) 2011, (e) 2012, (f) Total. Rows include: 9 Amounts from line 6; 10a Gross income from interest, dividends, payments received on securities loans, rents, royalties and income from similar sources; 10b Unrelated business taxable income (less section 511 taxes) from businesses acquired after June 30, 1975; 10c Add lines 10a and 10b; 11 Net income from unrelated business activities not included in line 10b, whether or not the business is regularly carried on; 12 Other income. Do not include gain or loss from the sale of capital assets (Explain in Part IV.); 13 Total support. (Add lines 9, 10c, 11, and 12.); 14 First five years. If the Form 990 is for the organization's first, second, third, fourth, or fifth tax year as a section 501(c)(3) organization, check this box and stop here.

Section C. Computation of Public Support Percentage

Table with 3 columns: Description, Value, Percentage. Row 15: Public support percentage for 2012 (line 8, column (f) divided by line 13, column (f)). Row 16: Public support percentage from 2011 Schedule A, Part III, line 15.

Section D. Computation of Investment Income Percentage

Table with 3 columns: Description, Value, Percentage. Row 17: Investment income percentage for 2012 (line 10c, column (f) divided by line 13, column (f)). Row 18: Investment income percentage from 2011 Schedule A, Part III, line 17.

19a 33 1/3% support tests - 2012. If the organization did not check the box on line 14, and line 15 is more than 33 1/3%, and line 17 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

b 33 1/3% support tests - 2011. If the organization did not check a box on line 14 or line 19a, and line 16 is more than 33 1/3%, and line 18 is not more than 33 1/3%, check this box and stop here. The organization qualifies as a publicly supported organization

20 Private foundation. If the organization did not check a box on line 14, 19a, or 19b, check this box and see instructions

Part IV Supplemental Information. Complete this part to provide the explanations required by Part II, line 10; Part II, line 17a or 17b; and Part III, line 12. Also complete this part for any additional information. (See instructions).

						<u>ATTACHMENT 1</u>
SCHEDULE A, PART II - OTHER INCOME						
DESCRIPTION	2008	2009	2010	2011	2012	TOTAL
SPECIAL EVENTS	547,125.	371,489.	485,013.	539,897.	91,080.	2,034,604.
SALES OF INVENTORY	331,259.	333,262.	331,713.	466,262.	789,468.	2,251,964.
MISCELLANEOUS	2,869.	-5,444.	2,539.	9,042.	84,800.	93,806.
TOTALS	<u>881,253.</u>	<u>699,307.</u>	<u>819,265.</u>	<u>1,015,201.</u>	<u>965,348.</u>	<u>4,380,374.</u>

Schedule of Contributors

▶ Attach to Form 990, Form 990-EZ, or Form 990-PF.

2012

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
--	---

Organization type (check one):

Filers of:

Section:

Form 990 or 990-EZ

501(c)(3) (enter number) organization

4947(a)(1) nonexempt charitable trust **not** treated as a private foundation

527 political organization

Form 990-PF

501(c)(3) exempt private foundation

4947(a)(1) nonexempt charitable trust treated as a private foundation

501(c)(3) taxable private foundation

Check if your organization is covered by the **General Rule** or a **Special Rule**.

Note. Only a section 501(c)(7), (8), or (10) organization can check boxes for both the General Rule and a Special Rule. See instructions.

General Rule

For an organization filing Form 990, 990-EZ, or 990-PF that received, during the year, \$5,000 or more (in money or property) from any one contributor. Complete Parts I and II.

Special Rules

For a section 501(c)(3) organization filing Form 990 or 990-EZ that met the 33 1/3 % support test of the regulations under sections 509(a)(1) and 170(b)(1)(A)(vi) and received from any one contributor, during the year, a contribution of the greater of (1) \$5,000 or (2) 2% of the amount on (i) Form 990, Part VIII, line 1h, or (ii) Form 990-EZ, line 1. Complete Parts I and II.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, total contributions of more than \$1,000 for use *exclusively* for religious, charitable, scientific, literary, or educational purposes, or the prevention of cruelty to children or animals. Complete Parts I, II, and III.

For a section 501(c)(7), (8), or (10) organization filing Form 990 or 990-EZ that received from any one contributor, during the year, contributions for use *exclusively* for religious, charitable, etc., purposes, but these contributions did not total to more than \$1,000. If this box is checked, enter here the total contributions that were received during the year for an *exclusively* religious, charitable, etc., purpose. Do not complete any of the parts unless the **General Rule** applies to this organization because it received nonexclusively religious, charitable, etc., contributions of \$5,000 or more during the year ▶ \$ _____

Caution. An organization that is not covered by the General Rule and/or the Special Rules does not file Schedule B (Form 990, 990-EZ, or 990-PF), but it **must** answer "No" on Part IV, line 2 of its Form 990; or check the box on line H of its Form 990-EZ or on Part I, line 2 of its Form 990-PF, to certify that it does not meet the filing requirements of Schedule B (Form 990, 990-EZ, or 990-PF).

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number
06-1008595

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
1	----- ----- -----	\$ 58,835,282.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
2	----- ----- -----	\$ 81,623,638.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
3	----- ----- -----	\$ 28,605,695.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
4	----- ----- -----	\$ 31,270,842.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
5	----- ----- -----	\$ 25,205,549.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
6	----- ----- -----	\$ 53,721,068.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number
06-1008595

Part I **Contributors** (see instructions). Use duplicate copies of Part I if additional space is needed.

(a) No.	(b) Name, address, and ZIP + 4	(c) Total contributions	(d) Type of contribution
7	----- ----- -----	\$ 25,400,380.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
8	----- ----- -----	\$ 23,993,954.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
9	----- ----- -----	\$ 13,195,730.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
10	----- ----- -----	\$ 66,930,184.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
11	----- ----- -----	\$ 16,340,615.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)
12	----- ----- -----	\$ 52,659,982.	Person <input checked="" type="checkbox"/> Payroll <input type="checkbox"/> Noncash <input checked="" type="checkbox"/> (Complete Part II if there is a noncash contribution.)

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number

06-1008595

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
1	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 58,835,282.	VARIOUS
2	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 81,623,638.	VARIOUS
3	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 28,605,695.	VARIOUS
4	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 31,270,842.	VARIOUS
5	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 25,205,549.	VARIOUS
6	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 53,721,068.	VARIOUS

Name of organization **AMERICARES FOUNDATION, INC.**

Employer identification number

06-1008595

Part II **Noncash Property** (see instructions). Use duplicate copies of Part II if additional space is needed.

(a) No. from Part I	(b) Description of noncash property given	(c) FMV (or estimate) (see instructions)	(d) Date received
7	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 25,400,380.	VARIOUS
8	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 23,993,954.	VARIOUS
9	MEDICAL SUPPLIES AND MEDICINE ----- ----- -----	\$ 13,195,730.	VARIOUS
10	PRESCRIPTION MEDICINE ----- ----- -----	\$ 66,930,184.	VARIOUS
11	PRESCRIPTION MEDICINE ----- ----- -----	\$ 16,340,615.	VARIOUS
12	PRESCRIPTION MEDICINE ----- ----- -----	\$ 52,659,982.	VARIOUS

Name of organization AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part III Exclusively religious, charitable, etc., individual contributions to section 501(c)(7), (8), or (10) organizations that total more than \$1,000 for the year. Complete columns (a) through (e) and the following line entry.

For organizations completing Part III, enter the total of *exclusively* religious, charitable, etc., contributions of **\$1,000 or less** for the year. (Enter this information once. See instructions.) ▶ \$ _____

Use duplicate copies of Part III if additional space is needed.

(a) No. from Part I	(b) Purpose of gift	(c) Use of gift	(d) Description of how gift is held
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	
-----	----- ----- -----	----- ----- -----	----- ----- -----
(e) Transfer of gift			
Transferee's name, address, and ZIP + 4		Relationship of transferor to transferee	
----- ----- -----		----- ----- -----	

SCHEDULE D (Form 990)

Supplemental Financial Statements

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury Internal Revenue Service

Complete if the organization answered "Yes," to Form 990, Part IV, line 6, 7, 8, 9, 10, 11a, 11b, 11c, 11d, 11e, 11f, 12a, or 12b.

Attach to Form 990. See separate instructions.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Organizations Maintaining Donor Advised Funds or Other Similar Funds or Accounts. Complete if the organization answered "Yes" to Form 990, Part IV, line 6.

Table with 2 columns: (a) Donor advised funds, (b) Funds and other accounts. Rows include: 1 Total number at end of year, 2 Aggregate contributions to (during year), 3 Aggregate grants from (during year), 4 Aggregate value at end of year, 5 Did the organization inform all donors... Yes No, 6 Did the organization inform all grantees...

Part II Conservation Easements. Complete if the organization answered "Yes" to Form 990, Part IV, line 7.

Table with 2 columns: Description, Held at the End of the Tax Year. Rows include: 1 Purpose(s) of conservation easements held by the organization (check all that apply), 2 Complete lines 2a through 2d if the organization held a qualified conservation contribution... 2a Total number of conservation easements, 2b Total acreage restricted by conservation easements, 2c Number of conservation easements on a certified historic structure included in (a), 2d Number of conservation easements included in (c) acquired after 8/17/06... 3 Number of conservation easements modified, transferred, released, extinguished, or terminated... 4 Number of states where property subject to conservation easement is located... 5 Does the organization have a written policy regarding the periodic monitoring, inspection, handling of violations... Yes No, 6 Staff and volunteer hours devoted to monitoring, inspecting, and enforcing conservation easements during the year... 7 Amount of expenses incurred in monitoring, inspecting, and enforcing conservation easements during the year... \$, 8 Does each conservation easement reported on line 2(d) above satisfy the requirements of section 170(h)(4)(B)(i) and section 170(h)(4)(B)(ii)? Yes No, 9 In Part XIII, describe how the organization reports conservation easements in its revenue and expense statement, and balance sheet...

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets. Complete if the organization answered "Yes" to Form 990, Part IV, line 8.

Table with 2 columns: Description, Amount. Rows include: 1a If the organization elected, as permitted under SFAS 116 (ASC 958), not to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide, in Part XIII, the text of the footnote to its financial statements that describes these items. b If the organization elected, as permitted under SFAS 116 (ASC 958), to report in its revenue statement and balance sheet works of art, historical treasures, or other similar assets held for public exhibition, education, or research in furtherance of public service, provide the following amounts relating to these items: (i) Revenues included in Form 990, Part VIII, line 1, (ii) Assets included in Form 990, Part X, 2 If the organization received or held works of art, historical treasures, or other similar assets for financial gain, provide the following amounts required to be reported under SFAS 116 (ASC 958) relating to these items: a Revenues included in Form 990, Part VIII, line 1, b Assets included in Form 990, Part X

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule D (Form 990) 2012

Part III Organizations Maintaining Collections of Art, Historical Treasures, or Other Similar Assets (continued)

3 Using the organization's acquisition, accession, and other records, check any of the following that are a significant use of its collection items (check all that apply):

- a Public exhibition, b Scholarly research, c Preservation for future generations, d Loan or exchange programs, e Other

4 Provide a description of the organization's collections and explain how they further the organization's exempt purpose in Part XIII.

5 During the year, did the organization solicit or receive donations of art, historical treasures, or other similar assets to be sold to raise funds rather than to be maintained as part of the organization's collection?

Part IV Escrow and Custodial Arrangements. Complete if the organization answered "Yes" to Form 990, Part IV, line 9, or reported an amount on Form 990, Part X, line 21.

1a Is the organization an agent, trustee, custodian or other intermediary for contributions or other assets not included on Form 990, Part X?

b If "Yes," explain the arrangement in Part XIII and complete the following table:

Table with 2 columns: Description, Amount. Rows: 1c Beginning balance, 1d Additions during the year, 1e Distributions during the year, 1f Ending balance.

2a Did the organization include an amount on Form 990, Part X, line 21?

b If "Yes," explain the arrangement in Part XIII. Check here if the explanation has been provided in Part XIII.

Part V Endowment Funds. Complete if the organization answered "Yes" to Form 990, Part IV, line 10.

Table with 6 columns: (a) Current year, (b) Prior year, (c) Two years back, (d) Three years back, (e) Four years back. Rows: 1a-1g Balance and changes.

2 Provide the estimated percentage of the current year end balance (line 1g, column (a)) held as:

- a Board designated or quasi-endowment %
b Permanent endowment 83.8000 %
c Temporarily restricted endowment 16.2000 %

3a Are there endowment funds not in the possession of the organization that are held and administered for the organization by:

- (i) unrelated organizations
(ii) related organizations

Table with 2 columns: Yes, No. Rows: 3a(i), 3a(ii), 3b.

b If "Yes" to 3a(ii), are the related organizations listed as required on Schedule R?

4 Describe in Part XIII the intended uses of the organization's endowment funds.

Part VI Land, Buildings, and Equipment. See Form 990, Part X, line 10.

Table with 5 columns: (a) Cost or other basis (investment), (b) Cost or other basis (other), (c) Accumulated depreciation, (d) Book value. Rows: 1a-1e Land, Buildings, Leasehold improvements, Equipment, Other.

Total. Add lines 1a through 1e. (Column (d) must equal Form 990, Part X, column (B), line 10(c)).

Part VII Investments - Other Securities. See Form 990, Part X, line 12.

(a) Description of security or category (including name of security)	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1) Financial derivatives		
(2) Closely-held equity interests		
(3) Other _____		
(A) _____		
(B) _____		
(C) _____		
(D) _____		
(E) _____		
(F) _____		
(G) _____		
(H) _____		
(I) _____		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 12.) ▶		

Part VIII Investments - Program Related. See Form 990, Part X, line 13.

(a) Description of investment type	(b) Book value	(c) Method of valuation: Cost or end-of-year market value
(1)		
(2)		
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 13.) ▶		

Part IX Other Assets. See Form 990, Part X, line 15.

(a) Description	(b) Book value
(1)	
(2)	
(3)	
(4)	
(5)	
(6)	
(7)	
(8)	
(9)	
(10)	
Total. (Column (b) must equal Form 990, Part X, col. (B) line 15.) ▶	

Part X Other Liabilities. See Form 990, Part X, line 25.

1. (a) Description of liability	(b) Book value	
(1) Federal income taxes		
(2) SPLIT INTEREST AGREEMENTS	1,808,798.	
(3)		
(4)		
(5)		
(6)		
(7)		
(8)		
(9)		
(10)		
(11)		
Total. (Column (b) must equal Form 990, Part X, col. (B) line 25.) ▶	1,808,798.	

2. FIN 48 (ASC 740) Footnote. In Part XIII, provide the text of the footnote to the organization's financial statements that reports the organization's liability for uncertain tax positions under FIN 48 (ASC 740). Check here if the text of the footnote has been provided in Part XIII.

Part XIII Supplemental Information (continued)

ENDOWMENT FUNDS

FORM 990, SCHEDULE D, PART V, LINE 4

THE AMERICARES FOUNDATION ENDOWMENT IS INTENDED TO SUPPORT THE GENERAL CHARITABLE MISSION OF THE ORGANIZATION. THE FOUNDATION INTENDS THAT THE PRINCIPAL SHOULD REMAIN UNTOUCHED, WHILE THE EARNINGS ON THE ENDOWMENT'S INVESTMENTS SHALL BE USED TO SUPPORT VARIOUS CHARITABLE PROGRAMS.

INCOME TAXES

FORM 990, SCHEDULE D, PART X

AMERICARES RECOGNIZES A TAX POSITION BASED ON A "MORE LIKELY THAN NOT" THRESHOLD. THIS APPLIES TO POSITIONS TAKEN OR EXPECTED TO BE TAKEN IN A TAX RETURN. DURING FISCAL 2013 AND 2012, AMERICARES EVALUATED ITS TAX POSITIONS AND CONCLUDED THAT IT DOES NOT HAVE ANY UNCERTAIN TAX POSITIONS THAT MEET THE CRITERIA UNDER THIS STANDARD. THE TAX YEARS ENDING 2010, 2011, 2012, AND 2013 ARE STILL OPEN TO AUDIT FOR BOTH FEDERAL AND STATE PURPOSES.

REVENUE ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XI, LINE 2D

CHANGES IN SPLIT INTEREST AGREEMENTS (\$133,888)

Part XIII Supplemental Information (continued)

REVENUE ON RETURN NOT ON BOOKS

FORM 990, SCHEDULE D, PART XI, LINE 4B

SPECIAL EVENTS EXPENSE	(\$329,682)
COST OF GOODS SOLD	(\$590,962)

TOTAL	(\$920,644)

EXPENSES ON BOOKS NOT ON RETURN

FORM 990, SCHEDULE D, PART XII, LINE 2D

SPECIAL EVENTS EXPENSE	\$329,682
COST OF GOODS SOLD	\$590,962

TOTAL	\$920,644

RECONCILIATION

THE AMERICARES FOUNDATION, INC. FILES A CONSOLIDATED AUDITED FINANCIAL STATEMENT WITH ITS SUBSIDIARY, AMERICARES FREE CLINICS, INC. THE RECONCILIATION IN PARTS XI & XII OF SCHEDULE D RECONCILES BACK TO THE FOUNDATION'S FINANCIAL INFORMATION AS PRESENTED IN THE AUDITED FINANCIAL STATEMENTS AND NOT TO THE CONSOLIDATED NUMBERS (INCLUSIVE OF CLINICS).

**SCHEDULE F
(Form 990)**

Statement of Activities Outside the United States

OMB No. 1545-0047

2012

Open to Public Inspection

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 14b, 15, or 16.**
▶ **Attach to Form 990. ▶ See separate instructions.**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I **General Information on Activities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 14b.

1 For grantmakers. Does the organization maintain records to substantiate the amount of its grants and other assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No

2 For grantmakers. Describe in Part V the organization's procedures for monitoring the use of its grants and other assistance outside the United States.

3 Activities per Region. (The following Part I, line 3 table can be duplicated if additional space is needed.)

(a) Region	(b) Number of offices in the region	(c) Number of employees, agents, and independent contractors in region	(d) Activities conducted in region (by type) (e.g., fundraising, program services, investments, grants to recipients located in the region)	(e) If activity listed in (d) is a program service, describe specific type of service(s) in region	(f) Total expenditures for and investments in region
(1) CENTRAL AMERICA/CARIBBEAN	2.	94.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	132,847,492.
(2) EAST ASIA AND THE PACIFIC	1.	2.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	47,936,635.
(3) EUROPE			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	5,421,409.
(4) MIDDLE EAST AND NORTH AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	35,478,547.
(5) NORTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	768,317.
(6) RUSSIA/INDEPENDENT STATES			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	31,907,277.
(7) SOUTH AMERICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	62,127,258.
(8) SOUTH ASIA	1.	3.	PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	8,694,264.
(9) SUB-SAHARAN AFRICA			PROGRAM SERVICES	DISASTER RELIEF/DVLPMT	56,950,960.
(10)					
(11)					
(12)					
(13)					
(14)					
(15)					
(16)					
(17)					
3a Sub-total	4.	99.			382,132,159.
b Total from continuation sheets to Part I					
c Totals (add lines 3a and 3b)	4.	99.			382,132,159.

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule F (Form 990) 2012

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	BANGLADESH:	15,000.	WIRE			
(2)			EAST ASIA/PACIFIC	CHINA: ESTAB	100,000.	WIRE			
(3)			EAST ASIA/PACIFIC	INDIA: 2012	10,000.	WIRE			
(4)			EAST ASIA/PACIFIC	INDIA: 2012	10,000.	WIRE			
(5)			EAST ASIA/PACIFIC	INDIA: 2012	10,000.	WIRE			
(6)			EAST ASIA/PACIFIC	JAPAN:GBV CA	127,999.	WIRE			
(7)			EAST ASIA/PACIFIC	JAPAN:MENTAL	40,161.	WIRE			
(8)			EAST ASIA/PACIFIC	JAPAN: KINDE	12,396.	WIRE			
(9)			EAST ASIA/PACIFIC	JAPAN:SHINCH	8,861.	WIRE			
(10)			EAST ASIA/PACIFIC	JAPAN:RIKUZE	66,958.	WIRE			
(11)			EAST ASIA/PACIFIC	JAPAN - TORY	11,482.	WIRE			
(12)			EAST ASIA/PACIFIC	JAPAN: ISHIN	86,136.	WIRE			
(13)			EAST ASIA/PACIFIC	JAPAN: RIO G	91,000.	WIRE			
(14)			EAST ASIA/PACIFIC	JAPAN: RECON	469,433.	WIRE			
(15)			EAST ASIA/PACIFIC	JAPAN:HEALTH	63,535.	WIRE			
(16)			EAST ASIA/PACIFIC	JAPAN:FUREAI	514,337.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	JAPAN: IWATE	101,503.	WIRE			
(2)			EAST ASIA/PACIFIC	JAPAN:REVITA	24,530.	WIRE			
(3)			EAST ASIA/PACIFIC	2012 ER GLOB	30,000.	WIRE			
(4)			EAST ASIA/PACIFIC	PAKISTAN:201	15,000.	WIRE			
(5)			EAST ASIA/PACIFIC	PHILIPPINES:	15,000.	WIRE			
(6)			EAST ASIA/PACIFIC	PHILLIPPINES	60,000.	WIRE			
(7)			EAST ASIA/PACIFIC	SRI LANKA: 2	15,000.	WIRE			
(8)			EAST ASIA/PACIFIC	VIETNAM PEDI	180,000.	WIRE			
(9)			EUROPE/ICELAND/GREENLAND	ARMENIA:MEDI	21,284.	WIRE			
(10)			EUROPE/ICELAND/GREENLAND	ARMENIA:REIM	12,960.	WIRE			
(11)			EUROPE/ICELAND/GREENLAND	UZBEKISTAN:	6,169.	WIRE			
(12)			EUROPE/ICELAND/GREENLAND	UZBEKISTAN:	16,776.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	DR: CLINIC P	9,000.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	DOMINICAN RE	10,000.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	2012 ER GLOB	10,000.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	GUATEMALA :	10,000.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	GUATEMALA: T	8,878.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	HAITI:ASSIST	15,555.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	HAITI:MOTHER	8,157.	WIRE			
(4)			CENT. AMERICA/CARIBBEAN	HAITI: WORLD	27,772.	WIRE			
(5)			CENT. AMERICA/CARIBBEAN	HAITI:HURRIC	7,000.	WIRE			
(6)			CENT. AMERICA/CARIBBEAN	HAITI: IMPRO	125,638.	WIRE			
(7)			CENT. AMERICA/CARIBBEAN	HAITI: MATER	63,159.	WIRE			
(8)			CENT. AMERICA/CARIBBEAN	HAITI: BAYON	9,568.	WIRE			
(9)			CENT. AMERICA/CARIBBEAN	HAITI: GONAI	46,242.	WIRE			
(10)			CENT. AMERICA/CARIBBEAN	HAITI:UPPER	173,613.	WIRE			
(11)			CENT. AMERICA/CARIBBEAN	HAITI: FIGHT	122,601.	WIRE			
(12)			CENT. AMERICA/CARIBBEAN	HAITI: MOULE	9,588.	WIRE			
(13)			CENT. AMERICA/CARIBBEAN	HAITI: YOUTH	15,786.	WIRE			
(14)			CENT. AMERICA/CARIBBEAN	HAITI: INSUL	7,000.	WIRE			
(15)			CENT. AMERICA/CARIBBEAN	HAITI:BRAC L	825,852.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	HAITI: SCHOO	175,551.	WIRE			

2 Enter total number of recipient organizations listed above that are recognized as charities by the foreign country, recognized as tax-exempt by the IRS, or for which the grantee or counsel has provided a section 501(c)(3) equivalency letter. ▶ -----

3 Enter total number of other organizations or entities. ▶ -----

Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	HAITI: CONST	52,000.	WIRE			
(2)			CENT. AMERICA/CARIBBEAN	HAITI:REFERR	30,440.	WIRE			
(3)			CENT. AMERICA/CARIBBEAN	PERU:BMS TYP	61,486.	WIRE			
(4)			MIDDLE EAST/NORTH AFRICA	SYRIA 2012	15,000.	WIRE			
(5)			MIDDLE EAST/NORTH AFRICA	SYRIA: MERA	10,000.	WIRE			
(6)			SUB-SAHARAN AFRICA	DRC: REIMBUR	5,900.	WIRE			
(7)			SUB-SAHARAN AFRICA	GHANA: ONE C	47,813.	WIRE			
(8)			SUB-SAHARAN AFRICA	GHANA: ONE C	31,200.	WIRE			
(9)			SUB-SAHARAN AFRICA	MADAGASCAR:	14,906.	WIRE			
(10)			SUB-SAHARAN AFRICA	MALAMULO STA	150,000.	WIRE			
(11)			SUB-SAHARAN AFRICA	SIERRA LEONE	27,540.	WIRE			
(12)			SUB-SAHARAN AFRICA	HORN OF AFRI	90,146.	WIRE			
(13)			SUB-SAHARAN AFRICA	SOMALIA:CHOL	7,720.	WIRE			
(14)			SUB-SAHARAN AFRICA	SOUTH SUDAN:	25,000.	WIRE			
(15)			SUB-SAHARAN AFRICA	TANZANIA: FI	43,650.	WIRE			
(16)			CENT. AMERICA/CARIBBEAN	EMERGENCY			60,708.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities. ▶ -----

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	EMERGENCY			40,042.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	EMERGENCY			35,698.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	EMERGENCY			30,556.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	EMERGENCY			29,576.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	EMERGENCY			17,126.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	EMERGENCY			11,161.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	EMERGENCY			7,842.	MED. SUPPL.	FAIR MKT VAL
(8)			EAST ASIA/PACIFIC	EMERGENCY			230,226.	MED. SUPPL.	FAIR MKT VAL
(9)			EAST ASIA/PACIFIC	EMERGENCY			141,521.	MED. SUPPL.	FAIR MKT VAL
(10)			EAST ASIA/PACIFIC	EMERGENCY			31,091.	MED. SUPPL.	FAIR MKT VAL
(11)			EAST ASIA/PACIFIC	EMERGENCY			15,730.	MED. SUPPL.	FAIR MKT VAL
(12)			EUROPE/ICELAND/GREENLAND	EMERGENCY			42,332.	MED. SUPPL.	FAIR MKT VAL
(13)			EUROPE/ICELAND/GREENLAND	EMERGENCY			18,813.	MED. SUPPL.	FAIR MKT VAL
(14)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			938,673.	MED. SUPPL.	FAIR MKT VAL
(15)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			124,153.	MED. SUPPL.	FAIR MKT VAL
(16)			MIDDLE EAST/NORTH AFRICA	EMERGENCY			116,044.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities. ▶ -----

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	EMERGENCY			846,958.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	EMERGENCY			315,295.	MED. SUPPL.	FAIR MKT VAL
(3)			SUB-SAHARAN AFRICA	EMERGENCY			244,201.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	EMERGENCY			182,114.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	EMERGENCY			159,983.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	EMERGENCY			134,555.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	EMERGENCY			108,519.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	EMERGENCY			93,354.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	EMERGENCY			91,213.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	EMERGENCY			78,031.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	EMERGENCY			74,661.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	EMERGENCY			52,252.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	EMERGENCY			50,334.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	EMERGENCY			39,732.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	ON-GOING			26,775,237.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	ON-GOING			23,425,898.	MED. SUPPL.	FAIR MKT VAL

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	ON-GOING			18,767,160.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	ON-GOING			14,221,222.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	ON-GOING			11,960,211.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	ON-GOING			5,916,018.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	ON-GOING			3,443,848.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	ON-GOING			2,232,698.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	ON-GOING			1,382,815.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	ON-GOING			214,328.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	ON-GOING			159,790.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	ON-GOING			111,152.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	ON-GOING			54,675.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	ON-GOING			42,323.	MED. SUPPL.	FAIR MKT VAL
(13)			EAST ASIA/PACIFIC	ON-GOING			14,677,642.	MED. SUPPL.	FAIR MKT VAL
(14)			EAST ASIA/PACIFIC	ON-GOING			10,098,918.	MED. SUPPL.	FAIR MKT VAL
(15)			EAST ASIA/PACIFIC	ON-GOING			9,880,125.	MED. SUPPL.	FAIR MKT VAL
(16)			EAST ASIA/PACIFIC	ON-GOING			3,374,243.	MED. SUPPL.	FAIR MKT VAL

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			EAST ASIA/PACIFIC	ON-GOING			3,114,096.	MED. SUPPL.	FAIR MKT VAL
(2)			EAST ASIA/PACIFIC	ON-GOING			1,058,085.	MED. SUPPL.	FAIR MKT VAL
(3)			EAST ASIA/PACIFIC	ON-GOING			539,961.	MED. SUPPL.	FAIR MKT VAL
(4)			EAST ASIA/PACIFIC	ON-GOING			17,280.	MED. SUPPL.	FAIR MKT VAL
(5)			EAST ASIA/PACIFIC	ON-GOING			13,213.	MED. SUPPL.	FAIR MKT VAL
(6)			EAST ASIA/PACIFIC	ON-GOING			13,165.	MED. SUPPL.	FAIR MKT VAL
(7)			EUROPE/ICELAND/GREENLAND	ON-GOING			3,316,691.	MED. SUPPL.	FAIR MKT VAL
(8)			EUROPE/ICELAND/GREENLAND	ON-GOING			883,856.	MED. SUPPL.	FAIR MKT VAL
(9)			EUROPE/ICELAND/GREENLAND	ON-GOING			439,153.	MED. SUPPL.	FAIR MKT VAL
(10)			MIDDLE EAST/NORTH AFRICA	ON-GOING			15,593,338.	MED. SUPPL.	FAIR MKT VAL
(11)			MIDDLE EAST/NORTH AFRICA	ON-GOING			10,356,840.	MED. SUPPL.	FAIR MKT VAL
(12)			MIDDLE EAST/NORTH AFRICA	ON-GOING			5,557,887.	MED. SUPPL.	FAIR MKT VAL
(13)			MIDDLE EAST/NORTH AFRICA	ON-GOING			684,450.	MED. SUPPL.	FAIR MKT VAL
(14)			MIDDLE EAST/NORTH AFRICA	ON-GOING			354,653.	MED. SUPPL.	FAIR MKT VAL
(15)			NORTH AMERICA	ON-GOING			38,917.	MED. SUPPL.	FAIR MKT VAL
(16)			RUSSIA AND THE NEWLY IND	ON-GOING			25,256,204.	MED. SUPPL.	FAIR MKT VAL

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			RUSSIA AND THE NEWLY IND	ON-GOING			7,540,469.	MED. SUPPL.	FAIR MKT VAL
(2)			RUSSIA AND THE NEWLY IND	ON-GOING			548,644.	MED. SUPPL.	FAIR MKT VAL
(3)			RUSSIA AND THE NEWLY IND	ON-GOING			161,460.	MED. SUPPL.	FAIR MKT VAL
(4)			RUSSIA AND THE NEWLY IND	ON-GOING			147,627.	MED. SUPPL.	FAIR MKT VAL
(5)			RUSSIA AND THE NEWLY IND	ON-GOING			6,919.	MED. SUPPL.	FAIR MKT VAL
(6)			SOUTH AMERICA	ON-GOING			40,668,859.	MED. SUPPL.	FAIR MKT VAL
(7)			SOUTH AMERICA	ON-GOING			14,190,752.	MED. SUPPL.	FAIR MKT VAL
(8)			SOUTH AMERICA	ON-GOING			1,743,273.	MED. SUPPL.	FAIR MKT VAL
(9)			SOUTH AMERICA	ON-GOING			282,841.	MED. SUPPL.	FAIR MKT VAL
(10)			SOUTH AMERICA	ON-GOING			272,276.	MED. SUPPL.	FAIR MKT VAL
(11)			SOUTH ASIA	ON-GOING			2,129,059.	MED. SUPPL.	FAIR MKT VAL
(12)			SOUTH ASIA	ON-GOING			1,960,379.	MED. SUPPL.	FAIR MKT VAL
(13)			SOUTH ASIA	ON-GOING			727,067.	MED. SUPPL.	FAIR MKT VAL
(14)			SOUTH ASIA	ON-GOING			541,888.	MED. SUPPL.	FAIR MKT VAL
(15)			SOUTH ASIA	ON-GOING			133,446.	MED. SUPPL.	FAIR MKT VAL
(16)			SOUTH ASIA	ON-GOING			46,716.	MED. SUPPL.	FAIR MKT VAL

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Part II Grants and Other Assistance to Organizations or Entities Outside the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SOUTH ASIA	ON-GOING			30,919.	MED. SUPPL.	FAIR MKT VAL
(2)			SOUTH ASIA	ON-GOING			18,519.	MED. SUPPL.	FAIR MKT VAL
(3)			SOUTH ASIA	ON-GOING			10,792.	MED. SUPPL.	FAIR MKT VAL
(4)			SUB-SAHARAN AFRICA	ON-GOING			9,847,495.	MED. SUPPL.	FAIR MKT VAL
(5)			SUB-SAHARAN AFRICA	ON-GOING			9,478,510.	MED. SUPPL.	FAIR MKT VAL
(6)			SUB-SAHARAN AFRICA	ON-GOING			6,909,092.	MED. SUPPL.	FAIR MKT VAL
(7)			SUB-SAHARAN AFRICA	ON-GOING			4,397,366.	MED. SUPPL.	FAIR MKT VAL
(8)			SUB-SAHARAN AFRICA	ON-GOING			4,277,904.	MED. SUPPL.	FAIR MKT VAL
(9)			SUB-SAHARAN AFRICA	ON-GOING			3,669,248.	MED. SUPPL.	FAIR MKT VAL
(10)			SUB-SAHARAN AFRICA	ON-GOING			3,223,261.	MED. SUPPL.	FAIR MKT VAL
(11)			SUB-SAHARAN AFRICA	ON-GOING			1,595,272.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	ON-GOING			1,525,173.	MED. SUPPL.	FAIR MKT VAL
(13)			SUB-SAHARAN AFRICA	ON-GOING			517,071.	MED. SUPPL.	FAIR MKT VAL
(14)			SUB-SAHARAN AFRICA	ON-GOING			393,281.	MED. SUPPL.	FAIR MKT VAL
(15)			SUB-SAHARAN AFRICA	ON-GOING			317,008.	MED. SUPPL.	FAIR MKT VAL
(16)			SUB-SAHARAN AFRICA	ON-GOING			241,908.	MED. SUPPL.	FAIR MKT VAL

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Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			SUB-SAHARAN AFRICA	ON-GOING			73,545.	MED. SUPPL.	FAIR MKT VAL
(2)			SUB-SAHARAN AFRICA	ON-GOING			7,216.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			53,428.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			40,190.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			36,705.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			33,205.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			24,290.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			24,204.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			23,831.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			21,427.	MED. SUPPL.	FAIR MKT VAL
(11)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			19,632.	MED. SUPPL.	FAIR MKT VAL
(12)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			13,073.	MED. SUPPL.	FAIR MKT VAL
(13)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			10,241.	MED. SUPPL.	FAIR MKT VAL
(14)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			10,218.	MED. SUPPL.	FAIR MKT VAL
(15)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			8,893.	MED. SUPPL.	FAIR MKT VAL
(16)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			8,476.	MED. SUPPL.	FAIR MKT VAL

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3 Enter total number of other organizations or entities. ▶ -----

Part II **Grants and Other Assistance to Organizations or Entities Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 15, for any recipient who received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name of organization	(b) IRS code section and EIN (if applicable)	(c) Region	(d) Purpose of grant	(e) Amount of cash grant	(f) Manner of cash disbursement	(g) Amount of non-cash assistance	(h) Description of non-cash assistance	(i) Method of valuation (book, FMV, appraisal, other)
(1)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			7,827.	MED. SUPPL.	FAIR MKT VAL
(2)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			7,306.	MED. SUPPL.	FAIR MKT VAL
(3)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,909.	MED. SUPPL.	FAIR MKT VAL
(4)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,543.	MED. SUPPL.	FAIR MKT VAL
(5)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,446.	MED. SUPPL.	FAIR MKT VAL
(6)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,410.	MED. SUPPL.	FAIR MKT VAL
(7)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,256.	MED. SUPPL.	FAIR MKT VAL
(8)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			6,136.	MED. SUPPL.	FAIR MKT VAL
(9)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,874.	MED. SUPPL.	FAIR MKT VAL
(10)			CENT. AMERICA/CARIBBEAN	POST-EMERGEN			5,257.	MED. SUPPL.	FAIR MKT VAL
(11)			EAST ASIA/PACIFIC	POST-EMERGEN			59,760.	MED. SUPPL.	FAIR MKT VAL
(12)			SUB-SAHARAN AFRICA	POST-EMERGEN			283,254.	MED. SUPPL.	FAIR MKT VAL
(13)									
(14)									
(15)									
(16)									

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3 Enter total number of other organizations or entities.

Part III **Grants and Other Assistance to Individuals Outside the United States.** Complete if the organization answered "Yes" to Form 990, Part IV, line 16.
Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Region	(c) Number of recipients	(d) Amount of cash grant	(e) Manner of cash disbursement	(f) Amount of non-cash assistance	(g) Description of non-cash assistance	(h) Method of valuation (book, FMV, appraisal, other)
(1) MEDICAL OUTREACH	CENT. AMERICA/CARIBBEAN	220.			11,281,608.	MEDICINE	FAIR MKT VAL
(2) MEDICAL OUTREACH	EAST ASIA/PACIFIC	69.			4,120,119.	MEDICINE	FAIR MKT VAL
(3) MEDICAL OUTREACH	EUROPE/ICELAND/GREENLAND	9.			716,762.	MEDICINE	FAIR MKT VAL
(4) MEDICAL OUTREACH	MIDDLE EAST/NORTH AFRICA	4.			335,193.	MEDICINE	FAIR MKT VAL
(5) MEDICAL OUTREACH	NORTH AMERICA	16.			735,399.	MEDICINE	FAIR MKT VAL
(6) MEDICAL OUTREACH	RUSSIA AND THE NEWLY IND	1.			6,126.	MEDICINE	FAIR MKT VAL
(7) MEDICAL OUTREACH	SOUTH AMERICA	69.			3,468,568.	MEDICINE	FAIR MKT VAL
(8) MEDICAL OUTREACH	SOUTH ASIA	26.			941,082.	MEDICINE	FAIR MKT VAL
(9) MEDICAL OUTREACH	SUB-SAHARAN AFRICA	122.			8,302,408.	MEDICINE	FAIR MKT VAL
(10) EMERGENCY RESPONSE	CENT. AMERICA/CARIBBEAN	99.			8,332,246.	MEDICINE	FAIR MKT VAL
(11) EMERGENCY RESPONSE	EUROPE/ICELAND/GREENLAND	6.			326,514.	MEDICINE	FAIR MKT VAL
(12) EMERGENCY RESPONSE	MIDDLE EAST/NORTH AFRICA	12.			922,720.	MEDICINE	FAIR MKT VAL
(13)							
(14)							
(15)							
(16)							
(17)							
(18)							

Part IV Foreign Forms

- 1 Was the organization a U.S. transferor of property to a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 926, Return by a U.S. Transferor of Property to a Foreign Corporation (see Instructions for Form 926).* Yes No

- 2 Did the organization have an interest in a foreign trust during the tax year? *If "Yes," the organization may be required to file Form 3520, Annual Return to Report Transactions with Foreign Trusts and Receipt of Certain Foreign Gifts, and/or Form 3520-A, Annual Information Return of Foreign Trust With a U.S. Owner (see Instructions for Forms 3520 and 3520-A).* Yes No

- 3 Did the organization have an ownership interest in a foreign corporation during the tax year? *If "Yes," the organization may be required to file Form 5471, Information Return of U.S. Persons With Respect To Certain Foreign Corporations. (see Instructions for Form 5471).* Yes No

- 4 Was the organization a direct or indirect shareholder of a passive foreign investment company or a qualified electing fund during the tax year? *If "Yes," the organization may be required to file Form 8621, Information Return by a Shareholder of a Passive Foreign Investment Company or Qualified Electing Fund. (see Instructions for Form 8621).* Yes No

- 5 Did the organization have an ownership interest in a foreign partnership during the tax year? *If "Yes," the organization may be required to file Form 8865, Return of U.S. Persons With Respect To Certain Foreign Partnerships. (see Instructions for Form 8865).* Yes No

- 6 Did the organization have any operations in or related to any boycotting countries during the tax year? *If "Yes," the organization may be required to file Form 5713, International Boycott Report (see Instructions for Form 5713).* Yes No

Schedule F (Form 990) 2012

Part V Supplemental Information

Complete this part to provide the information required by Part I, line 2 (monitoring of funds); Part I, line 3, column (f) (accounting method; amounts of investments vs. expenditures per region); Part II, line 1 (accounting method); Part III (accounting method); and Part III, column (c) (estimated number of recipients), as applicable. Also complete this part to provide any additional information (see instructions).

ACTIVITIES CONDUCTED OUTSIDE THE UNITED STATES

FORM 990, SCHEDULE F, PART I, LINE 2

THE PROCESS USED TO MONITOR FOREIGN GRANTS IS THE SAME AS IS UTILIZED FOR GRANTS MADE WITHIN THE UNITED STATES.

TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBERS OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. (IN FY13, AMERICARES FUNDED 188 PROJECTS, PROVIDING \$6.9 MILLION IN SUPPORT.) AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES, SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

**SCHEDULE G
(Form 990 or 990-EZ)**

Department of the Treasury
Internal Revenue Service

**Supplemental Information Regarding
Fundraising or Gaming Activities**

Complete if the organization answered "Yes" to Form 990, Part IV, lines 17, 18, or 19, or if the organization entered more than \$15,000 on Form 990-EZ, line 6a.
▶ Attach to Form 990 or Form 990-EZ. ▶ See separate instructions.

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I

Fundraising Activities. Complete if the organization answered "Yes" to Form 990, Part IV, line 17.
Form 990-EZ filers are not required to complete this part.

1 Indicate whether the organization raised funds through any of the following activities. Check all that apply.

- a Mail solicitations
- b Internet and email solicitations
- c Phone solicitations
- d In-person solicitations
- e Solicitation of non-government grants
- f Solicitation of government grants
- g Special fundraising events

2a Did the organization have a written or oral agreement with any individual (including officers, directors, trustees or key employees listed in Form 990, Part VII) or entity in connection with professional fundraising services? **Yes** **No**

b If "Yes," list the ten highest paid individuals or entities (fundraisers) pursuant to agreements under which the fundraiser is to be compensated at least \$5,000 by the organization.

(i) Name and address of individual or entity (fundraiser)	(ii) Activity	(iii) Did fundraiser have custody or control of contributions?		(iv) Gross receipts from activity	(v) Amount paid to (or retained by) fundraiser listed in col. (i)	(vi) Amount paid to (or retained by) organization
		Yes	No			
1 DONOR DIGITAL INC	INTERNET		X	2,657,514.	273,147.	2,384,367.
2 DONOR SERVICES GROUP	TELEPHONE		X	1,154,489.	195,912.	958,575.
3 MAL WARWICK ASSOCIATES	DIRECT MAIL		X	4,271,694.	268,046.	4,003,648.
4						
5						
6						
7						
8						
9						
10						
Total				8,083,697.	737,105.	7,346,590.

3 List all states in which the organization is registered or licensed to solicit contributions or has been notified it is exempt from registration or licensing.

AL, AK, AZ, AR, CA, CO, CT, DE, DC, FL, GA, HI, ID, IL, IN,
IA, KS, KY, LA, ME, MD, MA, MI, MN, MS, MO, MT, NE, NV, NH, NJ, NM, NY, NC, ND, OH,
OK, OR, PA, PR, RI, SC, SD, TN, TX, UT, VT, VA, WA, WV, WI, WY,

Part II Fundraising Events. Complete if the organization answered "Yes" to Form 990, Part IV, line 18, or reported more than \$15,000 of fundraising event contributions and gross income on Form 990-EZ, lines 1 and 6b. List events with gross receipts greater than \$5,000.

		(a) Event #1	(b) Event #2	(c) Other events	(d) Total events
		AIRLIFT BENEFIT (event type)	(event type)	(total number)	(add col. (a) through col. (c))
Revenue	1 Gross receipts	1,702,064.			1,702,064.
	2 Less: Contributions	1,610,984.			1,610,984.
	3 Gross income (line 1 minus line 2).	91,080.			91,080.
Direct Expenses	4 Cash prizes				
	5 Noncash prizes				
	6 Rent/facility costs	184,792.			184,792.
	7 Food and beverages	93,195.			93,195.
	8 Entertainment	30,817.			30,817.
	9 Other direct expenses	20,878.			20,878.
	10 Direct expense summary. Add lines 4 through 9 in column (d)				(329,682.)
11 Net income summary. Combine line 3, column (d), and line 10				-238,602.	

Part III Gaming. Complete if the organization answered "Yes" to Form 990, Part IV, line 19, or reported more than \$15,000 on Form 990-EZ, line 6a.

		(a) Bingo	(b) Pull tabs/instant bingo/progressive bingo	(c) Other gaming	(d) Total gaming (add col. (a) through col. (c))
		Yes _____ % No _____ %	Yes _____ % No _____ %	Yes _____ % No _____ %	
Revenue	1 Gross revenue				
Direct Expenses	2 Cash prizes				
	3 Noncash prizes				
	4 Rent/facility costs				
	5 Other direct expenses				
	6 Volunteer labor				
	7 Direct expense summary. Add lines 2 through 5 in column (d)				()
	8 Net gaming income summary. Combine line 1, column d, and line 7				

9 Enter the state(s) in which the organization operates gaming activities: _____

a Is the organization licensed to operate gaming activities in each of these states? Yes No

b If "No," explain: _____

10 a Were any of the organization's gaming licenses revoked, suspended or terminated during the tax year? Yes No

b If "Yes," explain: _____

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

- Director/officer
- Employee
- Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

SCHEDULE G, PART I - FUNDRAISING CONSULTANTS

THE AMOUNTS PAID BY AMERICARES TO THE FUNDRAISING CONSULTANTS LISTED IN SCHEDULE G ARE REPORTED (AS REQUIRED BY THE FORM 990) ON A FISCAL YEAR BASIS. THESE CONSULTANTS MAY BE REPRESENTED IN PART VII, SECTION B AS TOP HIGHLY PAID INDEPENDENT CONTRACTORS. THE AMOUNTS REPORTED IN PART VII ARE REPORTED ON A CALENDAR-YEAR BASIS, THEREFORE THEY MAY DIFFER FROM AMOUNTS REPORTED ON SCHEDULE G. PER ALL CONTRACTS, EXPENSES ARE BUDGETED

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ ----- and the amount of gaming revenue retained by the third party ▶ \$ -----.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ -----

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

AND APPROVED SEPARATELY FROM CONSULTING FEES. EXPENSES IN FY 2013 WERE:

MAL WARWICK \$10,463 - PROFESSIONAL FUNDRAISING EXPENSES

DONOR DIGITAL \$189,191 - PROFESSIONAL FUNDRAISING EXPENSES

DONOR SERVICES GROUP \$70,897 - PROFESSIONAL FUNDRAISING EXPENSES

ONE VENDOR THAT WAS REPORTED ON THE PRIOR YEAR FORM 990 AS A PROFESSIONAL

- 11 Does the organization operate gaming activities with nonmembers? Yes No
- 12 Is the organization a grantor, beneficiary or trustee of a trust or a member of a partnership or other entity formed to administer charitable gaming? Yes No
- 13 Indicate the percentage of gaming activity operated in:

a The organization's facility	13a	%
b An outside facility	13b	%
- 14 Enter the name and address of the person who prepares the organization's gaming/special events books and records:

Name ▶ -----

Address ▶ -----

- 15 a Does the organization have a contract with a third party from whom the organization receives gaming revenue? Yes No
- b If "Yes," enter the amount of gaming revenue received by the organization ▶ \$ _____ and the amount of gaming revenue retained by the third party ▶ \$ _____.
- c If "Yes," enter name and address of the third party:

Name ▶ -----

Address ▶ -----

16 Gaming manager information:

Name ▶ -----

Gaming manager compensation ▶ \$ -----

Description of services provided ▶ -----

Director/officer Employee Independent contractor

17 Mandatory distributions:

- a Is the organization required under state law to make charitable distributions from the gaming proceeds to retain the state gaming license? Yes No
- b Enter the amount of distributions required under state law to be distributed to other exempt organizations or spent in the organization's own exempt activities during the tax year ▶ \$ _____

Part IV Supplemental Information. Complete this part to provide the explanation required by Part I, line 2b, columns (iii) and (v), and Part III, lines 9, 9b, 10b, 15b, 15c, 16, and 17b, as applicable. Also complete this part to provide any additional information (see instructions).

FUNDRAISER, BRICKMILL MARKETING, INC., PROVIDED EVENT PRODUCTION SERVICES

TO THE FOUNDATION IN FISCAL 2013. THESE SERVICES DID NOT CONSTITUTE FUNDRAISING ACTIVITIES AND, ACCORDINGLY, BRICKMILL IS NOT DISCLOSED ON SCHEDULE G (THOUGH IT IS REPORTED AS ONE OF THE FOUNDATION'S TOP FIVE HIGHEST VENDORS IN SCHEDULE O).

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALLIANCE FOR DISABLED IN ACTION, INC. (DBA) 629 AMBOY AVENUE EDISON, NJ 08837	22-3070650	501 (C) (3)	10,399.				USA: NJ-EMERGENCY PR
(2)	AMERICAN RED CROSS CHARLOTTE, NC 3411 SAINT VARDELL LANE CHARLOTTE, NC 28217	53-0196605	501 (C) (3)	8,000.				USA:NY-NASSAU COMMUN
(3)	AMERICARES FREE CLINICS 88 HAMILTON AVE STAMFORD, CT 06902	06-1422741	501 (C) (3)	34,767.				USA:NY - AMERICARES
(4)	CAREGIVERS OF NEW JERSEY 1 AAA DRIVE, SUITE 203 TRENTON, NJ 08691	13-4205044	501 (C) (3)	137,834.				USA:NJ- DISASTER CAS
(5)	CITY UNIVERSITY OF NEW YORK (CUNY) SCHOOL OF PUBLIC HEALTH AT HUNTER COLLEGE	13-1988190	501 (C) (3)	6,707.				USA:NY - MOISTURE ME
(6)	COMMUNITY HEALTH ACTION OF STATEN ISLAND 56 BAY STREET STATEN ISLAND, NY 10301	13-3263537	501 (C) (3)	17,300.				USA: HURRICANE SANDY
(7)	CONEY ISLAND HOSPITAL - IDA G. ISRAEL COMMU 2601 OCEAN PARKWAY BROOKLYN, NY 11235	11-1704587	501 (C) (3)	168,000.				USA: 2012 HURRICANE
(8)	CPC BEHAVIORAL HEALTH CARE INC. 10 INDUSTRIAL WAY E EATONTOWN, NJ 07724	21-0719369	501 (C) (3)	154,960.				USA:NJ-PSYCHIATRIC S
(9)	FLOATING HOSPITAL, INC. 25-15 QUEENS PLAZA NORTH, LONG ISLAND CITY	13-1624169	501 (C) (3)	130,734.				USA:AMERICARES HURRI
(10)	FOOD FIRST, INC. 165 CONOVER STREET BROOKLYN, NY 11231	13-3135059	501 (C) (3)	20,000.				USA: NY-HURRICANE S
(11)	HOMEFRONT INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501 (C) (3)	155,000.				USA-CT-SANDY HOME RE
(12)	INSTITUTE FOR FAMILY HEALTH 16 EAST 16TH STREET NEW YORK, NY 10003	13-3273402	501 (C) (3)	16,318.				USA:NY-2012 HURRICAN

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	JEWISH COMMUNITY CENTER OF STATEN ISLAND 1466 MANOR ROAD STATEN ISLAND, NY 10314	13-5563356	501 (C) (3)	45,640.				USA:STATEN ISLAND -
(2)	JEWISH FAMILY SERVICES, ATLANTIC COUNTY 607 NORTH JEROME AVENUE MARGATE, NJ 08402	22-2119902	501 (C) (3)	96,500.				USA:NJ-SANDY RELIEF
(3)	JOSEPH P. ADDABBO FAMILY HEALTH CENTER 6200 BEACH CHANNEL DRIVE ARVERNE, NY 11692	06-1181226	501 (C) (3)	254,100.				USA:ADDABBO EMERGENC
(4)	LACEY UNITED METHODIST CHURCH 203 WEST LACEY ROAD FORKED RIVER, NJ 08731	22-2279634	501 (C) (3)	38,000.				USA-NJ-MUCK OUT AND
(5)	LONG BEACH MEDICAL CENTER 455 E. BAY DRIVE LONG BEACH, NY 11561	11-1635084	501 (C) (3)	250,000.				USA: NY - FAMILY CAR
(6)	LONG BEACH TOWNSHIP OFFICE OF EMERGENCY MAN 6805 LONG BEACH BLVD BRANT BEACH, NJ 08008	21-6000805	501 (C) (3)	12,000.				SANDY RESPONSE
(7)	LONG ISLAND COMMUNITIES OF PRACTICE PO BOX 5013 44 SOUTH ELMWOOD AVE MONTAUK NY	26-4808931	501 (C) (3)	60,000.				USA: NY-SUPER STORM
(8)	MEDCARE UNITED CHARITABLE PHARMACY 711 STANTON L YOUNG BLVD, SUITE 100 OKC, OK	45-3361897	501 (C) (3)	7,053.				USA:OK- 2013 OKLAHOM
(9)	NEWTOWN YOUTH AND FAMILY SERVICES 15 BERKSHIRE ROAD SANDY HOOK, CT 06482	06-1082115	501 (C) (3)	10,000.				USA:CT-NEWTOWN POST
(10)	PEDIATRIC DISASTER COALITION IN PARTNERSHIP 977 48TH STREET BROOKLYN, NY 11219	11-1635081	501 (C) (3)	174,570.				USA:NY - PEDIATRIC D
(11)	PHYSICIANS FOR A NATIONAL HEALTH PROGRAM NY METRO CHAPTER 220 FIFTH AVE 2ND FL NY NY	04-2937697	501 (C) (3)	32,976.				USA: NY HURRICANE SA
(12)	PORTLIGHT STRATEGIES, INC. 60 FENWICK HALL ALLEE #721 JOHNS ISLAND SC	58-2299951	501 (C) (3)	53,312.				USA:NJ-PORTABLE RAMP

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PROJECT HOSPITALITY 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)	15,000.				USA:PROJECT HOSPILTA
(2)	RECOVER, REBUILD, RESTORE SOUTHEAST MISSISS P.O. BOX 1506 HATTIESBURG, MS 39403-1506	64-0410475	501 (C) (3)	25,000.				USA: MS: 2013 GREATE
(3)	SOCIETY OF ST. VINCENT DE PAUL, USA - SOUTH 320 DECKER DRIVE SUITE 100 IRVING, TX 75062	13-5562362	501 (C) (3)	25,000.				USA:TX-DISASTER CASE
(4)	TRAUMATIC LOSS COALITION FOR YOUTH & YOUNG RUTGERS UNIVERSITY BEHAVIORAL HEALTH CARE,	22-1980408	501 (C) (3)	98,040.				USA: NJ - HURRICAN S
(5)	UNITED STATES SIERRA LEONEAN ASSOCIATION 141 PARK HILL AVE LOBBY AB STATEN ISLAND NY	26-2252152	501 (C) (3)	9,227.				USA- HURRICANE SANDY
(6)	WORLD CARES CENTER INC. 520 EIGHT AVE, STE 201B NY, NY 10018	41-2024802	501 (C) (3)	190,810.				USA: 2012 HURRICANE
(7)	YMCA OF GREATER NEW YORK 5 WEST 63RD STREET 6TH FL NY NY 10023	13-1624228	501 (C) (3)	71,500.				USA:NY- HURRICANE SA
(8)	MED CARE UNITED CHARITABLE PHARMACY 711 STANTON L. YOUNG STE. 100	45-3361897	501 (C) (3)		2,126,014.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501 (C) (3)		467,858.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	JEWISH RENAISSANCE FAMILY OF ORGS MIDDLESEX 275 HOBART ST PERTH AMBOY, NJ 08861	22-3780067	501 (C) (3)		283,840.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVE NEW ORLEANS, LA	30-0591534	501 (C) (3)		254,605.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (C) (3)		251,433.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501 (C) (3)		244,209.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	PROJECT HOPE CHARITIES, INC 170-20 140TH AVENUE JAMAICA, NE 11434	26-0897746	501 (C) (3)		217,855.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	YWCA-NYC 500 W 56TH STREET NEW YORK, NY 10019	13-1624230	501 (C) (3)		209,105.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4)	NASSAU UNIVERSITY MEDICAL CENTER 2201 HEMPSTEAD TPKE EAST MEADOW, NY 11554	11-3465609	501 (C) (3)		201,240.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5)	HEART TO HEART 401 S CLAIRBORNE RD STE 302 OLATHE KS 66102	48-1108359	501 (C) (3)		178,138.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6)	UNITED HEALTHCARE WORKERS EAST 310 W. 43RD STREET, 5TH FL NY NY 10036	13-1510821	501 (C) (3)		175,713.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7)	OCEAN COUNTY HEALTH DEPARTMENT 175 SUNSET AVENUE TOMS RIVER, NJ 08754	22-3061367	501 (C) (3)		174,954.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8)	BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501 (C) (3)		167,076.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	WORLD CARE CENTER 79 NORTH 11TH STREET BROOKLYN, NY 11211	41-202-4802	501 (C) (3)		163,123.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	MIDDLESEX COUNTY LONG TERM RECOVERY COMMITTEE MIDDLESEX COUNTY EMERGENCY SERVICES CENTER-	22-1520408	501 (C) (3)		157,829.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH ST GARRETT, IN 46738	20-8609620	501 (C) (3)		147,888.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	JFK CHAMBER OF COMMERCE ST. FRANCES DE SALES JAMAICA, NY 11430	11-2457674	501 (C) (3)		141,543.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization: **AMERICARES FOUNDATION, INC.**
Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	NORTH HUDSON COMMUNITY ACTION CENTER 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (C) (3)		125,342.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	CATHOLIC CHARITIES OF BROOKLYN & QUEENS 1329 BEACH CHANNEL DRIVE QUEENS, NY 11691	11-2457674	501 (C) (3)		115,306.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501 (C) (3)		109,466.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4)	PHYSICIANS NATIONAL HEALTH PROJECT 20 FIFTH AVENUE NEW YORK, NY 10001	11-3095217	501 (C) (3)		105,153.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5)	ADDABBO HEALTH CENTER 6200 BEACH CHANNEL DRIVE ARVERNE, NY 11692	06-1181226	501 (C) (3)		98,472.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6)	SHAWNEE/ POTTAWATOMIE COUNTY EMERGENCY MANA 16 WEST 9TH STREET SHAWNEE, OK 74801	73-5006424	501 (C) (3)		88,350.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7)	COAL COUNTY EMERGENCY MANAGEMENT 3 SOUTH MAIN STREET COALGATE, OK 74538	73-6006355	501 (C) (3)		85,118.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8)	GENERATION GAP CONEY ISLAND 2904 NEPTUNE AVENUE BROOKLYN, NY 11224	20-8562533	501 (C) (3)		77,472.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	REGIONAL FOOD BANK OF OKLAHOMA 3355 S PURDUE AVE OKLAHOMA CITY OK 73137	73-1100380	501 (C) (3)		65,029.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	BETHEL ACRES FIRE DEPARTMENT 18101 BETHEL ROAD SHAWNEE, OK 74801	73-6005424	501 (C) (3)		63,839.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	CITIZEN POTAWATOMI NATION 1601 SOUTH GORDON COOPER DR SHAWNEE OK	73-9045447	501 (C) (3)		63,839.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	TEAM RUBICON 300 N CONTINENTAL BLVD EL SEGUNDO CA 90245	27-1720480	501 (C) (3)		62,453.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SAVE THE CHILDREN US 54 WILTON ROAD WESTPORT, CT 06880	06-0726487	501 (C) (3)		60,390.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	COMMUNITY FOOD BANK OF NEW JERSEY 31 EVANS TERMINAL HILLSIDE, NJ 07205	22-2423882	501 (C) (3)		59,657.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	FOUNDATION FOR HIV/AIDS AND KIDNEY DIALYSIS 14 ZIRKEL AVENUE. PISCATAWAY, NJ 08854	43-2024266	501 (C) (3)		59,549.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4)	SET FAMILY MEDICAL CLINICS 825 EAST PRIKES PEAK AVE COLORADO SPRINGS	84-1183335	501 (C) (3)		56,611.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5)	CALVARY TABERNACLE OF CONEY ISLAND 2828 NEPTUNE AVE NEW YORK, NY 11224	51-0142296	501 (C) (3)		56,366.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6)	LONG BEACH LATINO CIVIC ASSOCIATION, INC. 52 E. PARK AVENUE, 2ND FL LONG BEACH NY	11-3320724	501 (C) (3)		51,087.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7)	AMERICARES FOUNDATION 88 HAMILTON AVENUE STAMFORD, CO 06902	06-1008595	501 (C) (3)		46,761.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8)	THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501 (C) (3)		44,984.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	BCFS 1506 BEXAR CROSSING SAN ANTONIO, TX 78232	74-1260710	501 (C) (3)		42,583.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	PONTOTOC COUNTY/ADA EMERGENCY MANAGEMENT 231 SOUTH TOWNSEND AVENUE ADA, OK 74820	73-6006408	501 (C) (3)		42,559.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	ISLAND HARVEST (MINEOLA, NY) 40 MARCUS BLVD HAUPPAUGE, NY 11788	11-3136350	501 (C) (3)		39,111.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	BEACON CHRISTIAN COMMUNITY HEALTH CENTER 2079 FOREST AVE. STATEN ISLAND, NY 10303	02-0703686	501 (C) (3)		37,796.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
--	---

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) SAVE LATIN AMERICA 138-39TH STREET UNION CITY, NE 07087	22-3454940	501 (C) (3)		34,431.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2) CHURCH OF GOD OF PROPHECY 118-66 129 STREET QUEENS, NE 11240	11-3196061	501 (C) (3)		29,850.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3) SALVATION ARMY OF OKLAHOMA 311 SW FIFTH STREET OKLAHOMA CITY, OK 73101	73-0579266	501 (C) (3)		28,814.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4) PROJECT HOSPITALITY 100 PARK AVENUE STATEN ISLAND, NY 10302	13-3234441	501 (C) (3)		28,154.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5) ROCKAWAY FIRE DEPARTMENT 204-26 ROCKAWAY POINT BLVD, ROCKAWAY POINT	11-2665405	501 (C) (3)		26,149.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6) CALVARY CHAPEL OF OLD BRIDGE 123 WHITE OAK LANE OLD BRIDGE, NJ 08857	22-2603508	501 (C) (3)		25,379.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7) AHEART MINISTRIES 27 GORDON'S ALLEY ATLANTIC CITY, NJ 08401	22-3352176	501 (C) (3)		24,845.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8) HENRY STREET SETTLEMENT 888 EAST 6TH STREET NEW YORK, NY 10002	13-1562242	501 (C) (3)		23,570.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9) COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501 (C) (3)		23,415.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10) AMERICAN RED CROSS NASSAU COMM. COLLEGE SHE 1 EDUCATION DRIVE GARDEN CITY, NY 11530	11-2533314	501 (C) (3)		22,054.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11) FOOD BANK FOR NEW YORK CITY 39 BROADWAY, 10TH FLOOR NEW YORK, NY 10006	13-3179546	501 (C) (3)		21,598.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12) THE SALVATION ARMY - PHILADELPHIA 1320 ARCH STREET PHILADELPHIA, PA 19107	58-0660607	501 (C) (3)		21,290.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization: **AMERICARES FOUNDATION, INC.** Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	THE SALVATION ARMY - BRIDGEPORT CORPS 30 ELM STREET BRIDGEPORT, CT 06601	58-0660607	501 (C) (3)		20,438.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	LONG BEACH MEDICAL CENTER LONG BEACH MEDICAL CENTER, LONG BEACH NY	11-1635084	501 (C) (3)		20,089.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	GERRITSEN BEACH FIRE DEPARTMENT 43 SEBA AVE BROOKLYN, NY 11229	11-6076710	501 (C) (3)		19,330.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4)	AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501 (C) (3)		19,237.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5)	WORLD CARES CENTER 79 NORTH 11TH STREET BROOKLYN, NY 11211	41-202-4802	501 (C) (3)		18,649.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6)	BRIDGEPORT HEALTH AND SOCIAL SERVICES DEPAR 752 EAST MAIN STREET BRIDGEPORT, CT 06608	06-6001865	501 (C) (3)		18,055.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7)	FREE CLINIC IN NORWALK 98 SOUTH MAIN ST. NORWALK, CT 06854	06-1422741	501 (C) (3)		17,960.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8)	CITY HARVEST 6 EAST 32ND STREET NEW YORK, NY 10016	13-3170676	501 (C) (3)		16,783.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	FOOD FIRST FAMILY PROJECT 165 CONOVER STREET BROOKLYN, NY 11231	13-3635059	501 (C) (3)		16,026.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	UNITED STATES SIERRA LEONEAN ASSOCIATION 141 PARK HILL AVENUE STATEN ISLAND NY	26-2252152	501 (C) (3)		15,910.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	CATHOLIC CHARITIES OF THE DIOCESE OF BATON 1800 S. ACADIAN THRUWAY BATON ROUGE, LA	72-0590685	501 (C) (3)		15,820.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	SALVATION ARMY GULFPORT MS 2019 22ND STREET GULFPORT, MS 39501	58-0660607	501 (C) (3)		15,730.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
--	---

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) GOOD SHEPHERDS 173 CONOVER STREET BROOKLYN, NY 11231	13-5598710	501 (C) (3)		15,723.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2) NORWALK EQUAL OPPORTUNITY NOW 98 SOUTH MAIN STREET NORWALK, CT 06854	06-0834804	501 (C) (3)		13,804.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3) RED HOOK INITIATIVE 767 HICKS ST BROOKLYN, NY 11232	20-3904662	501 (C) (3)		13,718.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4) STAFFORD RECOVERY CENTER 307 UNION AVENUE STRATFORD, NJ 08084	21-6001206	501 (C) (3)		13,548.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5) LONG BEACH ISLAND HEALTH DEPARTMENT 6805 LONG BEACH BLVD. BRANT BEACH, NJ 08008	21-6000805	501 (C) (3)		12,990.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6) RESOURCES FOR INDEPENDENT LIVING, INC. 2001 21ST STREET KENNER, LA 70062	72-1152503	501 (C) (3)		11,770.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7) THE SALVATION ARMY OF FLORIDA 930 EAST 139TH AVE. TAMPA, FL 33613	58-0660607	501 (C) (3)		11,651.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8) BISHOP CHARLES WALDO MACLEAN EPISCOPAL NURS 17-11 BROOKHAVEN AVENUE FAR ROCKAWAY NY	11-1665825	501 (C) (3)		11,292.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9) THE SALVATION ARMY WAREHOUSE - LA 5843 RIVER ROAD NEW ORLEANS, LA 70123	58-0660607	501 (C) (3)		10,101.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10) COMMUNITY HEALTH CARE 410 ROUTE 9 NORTH CAPE MAY COURTHOUSE NJ	22-2763588	501 (C) (3)		9,654.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11) THE SALVATION ARMY MASSACHUSETTS DIVISION 25 SHAWMUT RD CANTON, MA 02021	04-2103624	501 (C) (3)		9,282.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12) AMERICAN RED CROSS - NEW JERSEY 850 NORTH FRANKLIN BLVD PLEASANTVILLE NJ	21-0634957	501 (C) (3)		9,173.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization: **AMERICARES FOUNDATION, INC.**
Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	AMERICAN RED CROSS OF GREATER NY 520 W. 49TH ST NEW YORK, NY 10036	11-1631711	501 (C) (3)		8,950.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	NASSAU OEM 510 GRUMMAN ROAD WEST BETHPAGE, NY 11714	11-6000463	501 (C) (3)		8,860.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	CROSSINGS COMMUNITY CLINIC 2208 W HEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501 (C) (3)		8,456.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(4)	BETHESDA CHURCH - OKLAHOMA 3101 SW 89TH ST OKLAHOMA CITY, OK 73159	44-0577787	501 (C) (3)		8,200.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(5)	VERMONT FOOD BANK 22 BROWNE COURT, UNIT 108 BRATTLEBORO VT	22-3021942	501 (C) (3)		7,735.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(6)	MILFORD FIRE DEPARTMENT 72 NEW HAVEN AVENUE MILFORD, CT 06460	06-6002037	501 (C) (3)		7,728.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(7)	HANCOCK RESOURCE CENTER 454 HIGHWAY 90 WAVELAND, MS 39576	26-3648017	501 (C) (3)		7,540.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(8)	AISLING IRISH COMMUNITY CENTER 990 MCLEAN AVENUE, YONKERS, NY 10704	13-3919126	501 (C) (3)		7,283.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(9)	CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-1884190	501 (C) (3)		6,648.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(10)	OKLAHOMA CITY COUNTY HEALTH DEPARTMENT 921 NE 23RD STREET OKLAHOMA CITY, OK 73105	73-0930123	501 (C) (3)		6,521.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(11)	ASTELLA DEVELOPMENT CORPORATION 1618 MERMAID AVE. BROOKLYN, NY 11224	11-2458673	501 (C) (3)		6,440.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(12)	CATHOLIC CHARITIES 1329 BEACH CHANNEL DRIVE QUEENS, NY 11691	11-2047151	501 (C) (3)		5,766.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization: **AMERICARES FOUNDATION, INC.** Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WASHINGTON EMERGENCY RESPONSE ONGOING CADRE 2116 WASHINGTON STREET FRANKLINTON LA	57-1240541	501 (C) (3)		5,490.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(2)	COMMUNITY HEALTHCARE NETWORK 97-04 SUTPHIN BLVD QUEENS, NY 11435	13-3083068	501 (C) (3)		5,237.	FAIR MKT VAL	MED. SUPPL.	EMERGENCY
(3)	EUNICE COMMUNITY HEALTH CENTER 450 MOOSA BLVD. STE. E EUNICE, LA 70535	27-0213992	501 (C) (3)		1,459,679.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	WOMENS HEALTH CONNECTIONS 205 E. BARAZOS ST. PALESTINE, TX 75801	20-0776090	501 (C) (3)		1,080,023.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	JOHNSTOWN FREE MEDICAL CLINIC 320 MAIN STREET JOHNSTOWN, PA 15901	23-2922409	501 (C) (3)		1,058,068.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	GULF COAST HEALTH CENTER, INC. 2548 MEMORIAL BLVD. PORT ARTHUR, TX 77640	76-0289927	501 (C) (3)		1,037,580.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	IBN SINA FOUNDATION 11226 S. WILCREST DR HOUSTON, TX 77099	76-0698464	501 (C) (3)		1,024,450.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	HEAL, INC 2600 MARTIN LUTHER KING JR. DR ATLANTA GA	26-3990559	501 (C) (3)		939,074.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	NEW LIFE PENTECOSTAL MEDICAL CLINIC FOR THE 183 N. SCHUYLER AVE KANKAKEE, IL 60901	45-4183388	501 (C) (3)		862,071.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	COMMUNITY HEALTH CLINIC OF HARDIN & LARUE C 114 E. MEMORIAL DR ELIZABETHTOWN, KY 42701	30-0042070	501 (C) (3)		855,664.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	COMMUNITY CARE CENTER FOR FORSYTH CO. INC. 2135 NEW WALKERTOWN RD WINSTON SALEM NC	58-1403699	501 (C) (3)		851,740.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	AGAPE CLINIC AT GRACE UNITED METHODIST CHUR 4105 JUNIUS STREET DALLAS, TX 75246	14-1847977	501 (C) (3)		845,571.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	MISSION ARLINGTON MEDICAL CLINIC 210 W. SOUTH ARLINGTON, TX 76010	75-2724385	501 (C) (3)		836,103.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	THE DR. ALBERT B. CLEAGE, SR. MEMORIAL HEAL 700 SEWARD STREET DETROIT, MI 48202	11-3754940	501 (C) (3)		828,059.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	BREAD OF HEALING CLINIC 1821 N 16TH ST MILWAUKEE, WI 53205	81-0669867	501 (C) (3)		824,482.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	FAITH FAMILY CLINIC 8711 VILLAGE DR SAN ANTONIO, TX 78217	26-3791828	501 (C) (3)		803,580.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	CARING HANDS HEALTH CLINIC 34-C COURTHOUSE SQUARE CLEVELAND, GA 30528	64-0950194	501 (C) (3)		767,648.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	WHEELING HEALTH RIGHT INC 61-29TH ST WHEELING, WV 26003	31-1149085	501 (C) (3)		755,998.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	THE COMMUNITY FREE CLINIC 528 A LAKE CONCORD RD CONCORD, NC 28025	58-2131301	501 (C) (3)		708,620.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	GREENVILLE FREE MEDICAL CLINIC 600 ARLINGTON AVENUE GREENVILLE, SC 29601	57-0855205	501 (C) (3)		695,945.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	CONWAY INTERFAITH CLINIC 830 NORTH CREEK CONWAY, AR 72032	41-2058756	501 (C) (3)		686,233.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	COMMUNITY FREE CLINIC, INC. 249 MILL STREET HAGERSTOWN, MD 21740	52-1772594	501 (C) (3)		673,911.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	NEIGHBOR FOR NEIGHBOR 505 E. 36TH STREET NORTH TULSA, OK 74066	73-0776404	501 (C) (3)		669,550.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	INTERFAITH CLINIC 403 W. OAK, SUITE 200 EL DORADO, AR 71730	71-0236863	501 (C) (3)		668,643.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SEMO HEALTH NETWORK 421 LINE STREET NEW MADRID, MO 63869	43-1253101	501 (C) (3)		644,153.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	OPEN DOOR HEALTH CENTER 1350 SW 4 ST. HOMESTEAD, FL 33030	83-0375996	501 (C) (3)		620,192.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	THE GOOD SAMARITAN HEALTH CENTER 313 ARNOLD AVENUE GREENVILLE, MS 38701	26-2117290	501 (C) (3)		610,835.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	GOOD SAMRITAN CLINIC 4704 AUGUSTA RD. GARDEN CITY, GA 31408	58-2288758	501 (C) (3)		592,035.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	AMERICARES FREE CLINICS, INC. 88 HAMILTON AVENUE STAMFORD, CT 06902	06-1008595	501 (C) (3)		564,537.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	DR GARY BURNSTEIN COMMUNITY HEALTH CLINIC 90 W UNIVERSITY PONTIAC, MI 48342	32-0015321	501 (C) (3)		563,220.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	STEHOUWER FREE CLINIC 201 N. MITCHELL CADILLAC, MI 49601	61-1401888	501 (C) (3)		556,792.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	CATHERINE MCAULEY CLINIC 5514 HOHMAN AVE HAMMOND, IN 46320	35-1835133	501 (C) (3)		548,316.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	MEDICAL OUTREACH MINISTRIES 1401 E SOUTH BOULEVARD MONTGOMERY, AL 36116	63-1204645	501 (C) (3)		519,739.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	COMMUNITYHEALTH 2611 W. CHICAGO AVE. CHICAGO, IL 60622	36-3931793	501 (C) (3)		519,061.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	LIGHT OF THE WORLD CLINIC, INC. 806 E. PROSPECT ROAD OAKLAND PARK, FL 33334	65-0266070	501 (C) (3)		511,380.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	VOLUNTEERS IN MEDICINE CLINIC 2260 MARCOLA ROAD SPRINGFIELD, OR 97477	93-1276816	501 (C) (3)		497,348.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Department of the Treasury
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Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) HEARTBRIGHT FOUNDATION INC 2923 SOUTH TRYON, SUITE 200	45-0496759	501 (C) (3)		495,937.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2) A PROMISE TO HELP 1332 WINOLA LANE BIRMINGHAM, AL 35235	26-4401185	501 (C) (3)		489,881.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3) BRIDGES TO HEALTH 1251 W. KEM ROAD MARION, IN 46952	20-5405181	501 (C) (3)		485,121.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4) GREATER TEXOMA HEALTH CLINIC 900 N. ARMSTRONG AVE. DENISON, TX 75020	81-0584983	501 (C) (3)		478,649.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5) COMMUNITY HEALTH CARE 410 ROUTE 9 NORTH	22-2763588	501 (C) (3)		477,957.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6) GRACE MEDICAL CLINIC 211 S. 8TH ST. MAYFIELD, KY 42066	61-1351519	501 (C) (3)		470,981.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7) CARIDAD CENTER 8645 W BOYNTON BEACH BOULEVARD	65-0149423	501 (C) (3)		447,272.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8) ETOWAH FREE COMMUNITY CLINIC 423 S. 3RD. STREET GADSDEN, AL 35901	82-0562064	501 (C) (3)		438,734.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9) ROCK SPRINGS CLINIC 219 ROCK SPRINGS ROAD MILNER, GA 30257	26-4485460	501 (C) (3)		436,886.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10) HEALTHQUEST OF UNION COUNTY 415 E. FRANKLIN STREET MONROE, NC 28112	56-2117596	501 (C) (3)		423,593.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11) HEALING HANDS MINISTRIES INC 8515 GREENVILLE AVENUE, BOX 25	65-1259379	501 (C) (3)		422,355.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12) CITY SQUARE 2835 GRAND AVE DALLAS, TX 75215	79-2332948	501 (C) (3)		421,976.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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(1)	MINISTRIES OF JESUS 1100 E. I-35 FRONTAGE ROAD EDMOND, OK 73034	73-1622804	501 (C) (3)		407,539.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	RAPHAEL COMMUNITY FREE CLINIC, INC. 1807 WATER STREET KERRVILLE, TX 78028	74-2819628	501 (C) (3)		400,929.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	COMMUNITY CLINIC OF SHELBYVILLE BEDFORD CO 200 DOVER ST SUITE 203	34-1974609	501 (C) (3)		398,005.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	PEOPLES HEALTH WELLNESS CLINIC 553 NORTH MAIN STREET BARRE, VT 05641	03-0343290	501 (C) (3)		391,418.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	SNAKE RIVER COMMUNITY CLINIC 215 10TH STREET LEWISTON, ID 83501	31-1726460	501 (C) (3)		382,275.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	THE FREE MEDICAL CLINIC OF GREATER CLEVELAN 12201 EUCLID AVE CLEVELAND, OH 44146	23-7078501	501 (C) (3)		382,170.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	CHURCH HILL FREE CLINIC 401 RICHMOND STREET CHURCH HILL, TN 37642	62-1391365	501 (C) (3)		382,006.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	THE COMMUNITY FREE CLINIC OF NEWPORT NEWS 727 25TH STREET NEWPORT NEWS, VA 23607	27-3510814	501 (C) (3)		381,769.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	ARLINGTON FREE CLINIC 2921 SOUTH 11TH STREET ARLINGTON, VA 22204	54-1671883	501 (C) (3)		361,676.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	ANGELS COMMUNITY CLINIC 1005 POPLAR STREET MURRAY, KY 42071	62-1777249	501 (C) (3)		360,250.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	FIRST BAPTIST CHURCH MEDICAL/DENTAL CLINIC 1607 CHERRY STREET VICKSBURG, MS 39180	64-0356253	501 (C) (3)		358,931.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	BETHESDA HEALTH CLINIC 409 WEST FERGUSON TYLER, TX 75702	26-0036674	501 (C) (3)		345,254.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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**Grants and Other Assistance to Organizations,
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Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
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1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) PARTNERING FOR HEALTH 501 HOWARD AVE SUITE 204B ALTOONA, PA 16601	25-1842308	501 (C) (3)		344,903.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2) CAPITAL AREA HEALTHNETWORK 719 N. 25TH STREET RICHMOND, VA 23223	54-188-4190	501 (C) (3)		341,287.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3) GOOD SAMARITAN HOUSE FREE COMMUNITY HEALTH 213 N. MAIN ST DEARING, GA 30808	32-0126528	501 (C) (3)		334,217.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4) ST. LUKES FREE MEDICAL CLINIC 162 N. DEAN ST. SPARTANBURG, SC 29302	57-0943232	501 (C) (3)		333,459.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5) SOCIAL WELFARE BOARD 904 S. 10TH, SUITE A ST. JOSEPH, MO 64503	44-6000455	501 (C) (3)		317,841.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6) NORTH COUNTY HEALTH SERVICES 150 VALPREDA ROAD SAN MARCOS, CA 92069	95-2847102	501 (C) (3)		317,733.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7) GRAND PRAIRIE WELLNESS CENTER 1710 SMALL STREET GRAND PRAIRIE, TX 75050	75-2877107	501 (C) (3)		314,538.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8) BROAD STREET CLINIC 534 N. 35TH STREET, SUITE K	56-1853604	501 (C) (3)		312,784.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9) PRESBYTERIAN MEDICAL CARE MISSION 1857 PINE ST STE 100 ABILENE, TX 79601	75-1910600	501 (C) (3)		308,354.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10) DETROIT HEALTH CARE FOR THE HOMELESS 15400 W MCNICHOLS DETROIT, MI 48235	38-2724796	501 (C) (3)		306,814.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11) OZARK TRICOUNTY HEALTHCARE CONSORTIUM DBS A ACCESS FAMILY CARE NEOSHO, MO 64850	43-1752799	501 (C) (3)		300,093.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12) GEORGIA FARMWORKER HEALTH PROGRAM 920 SOUTH WEST ST BAINBRIDGE, GA 39819	58-6000359	501 (C) (3)		298,086.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	M-POWER MINISTRIES HEALTH CENTER 4022 4TH AVE SOUTH BIRMINGHAM, AL 35222	31-1639601	501 (C) (3)		295,260.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	KONZA PRAIRIE COMMUNITY HEALTH CENTER 361 GRANT AVENUE JUNCTION CITY, KS 66441	48-1150706	501 (C) (3)		294,932.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	THE FREE MEDICAL CLINIC 1875 HARDEN STREET COLUMBIA, SC 29204	57-0779279	501 (C) (3)		294,495.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	SAMARITAN REGIONAL HEALTH CLINIC 937 BROADWAY CAPE GIRARDEAU, MO 63701	27-5427837	501 (C) (3)		285,747.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	FREE MEDICAL CLINIC OF OAK RIDGE 320 ROBERTSVILLE RD., SUITE 1	90-0715369	501 (C) (3)		280,955.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	NORTHSHORE SCOTTSDALE PHARMACY 3564 SCOTTSDALE ST PORTAGE, IN 46368	35-2028588	501 (C) (3)		279,027.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	COMMUNITY HEALTHWORX 1543 MCGINNIS STREET ALEXANDRIA, LA 71301	72-1444312	501 (C) (3)		278,030.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	GOOD HEALTH CLINIC, INC 91555 O`SEAS HWY #2 TAVERNIER, FL 33070	043745805	501 (C) (3)		275,065.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	ST. VINCENT DEPAUL COMMUNITY PHARMACY 502 GRAMMONT ST MONROE, LA 71201	90-0014479	501 (C) (3)		273,956.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	HEALTHCARE FOR THE HOMELESS - HOUSTON 2505 FANNIN STREET HOUSTON, TX 77002	76-0647934	501 (C) (3)		269,791.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	ARTHUR NAGEL COMMUNITY CLINIC 1116 12TH STREET, UNIT #3 BANDERA, TX 78003	77-0697361	501 (C) (3)		268,741.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	BECKLEY HEALTH RIGHT INC 111 RANDOLPH STREET BECKLEY, WV 25801	55-0774466	501 (C) (3)		262,034.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

06-1008595

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Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ST VINCENT DE PAUL CHARITABLE PHARMACY 1125 BANK ST. CINCINNATI, OH 45214	30-0272954	501 (C) (3)		258,975.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	ROTACARE INC 875 JERUSALEM AVE UNIONDALE, NY 11530	11-3135331	501 (C) (3)		257,030.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	RIVER VALLEY CHRISTIAN CLINIC 1714 STATE HWY. 22 DARDANELLE, AR 72834	20-5193973	501 (C) (3)		251,038.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	A STOREHOUSE FOR JESUS 675 E. LEXINGTON ROAD MOCKSVILLE, NC 27028	56-1875073	501 (C) (3)		248,795.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	OPEN DOOR CLINIC OF ALAMANCE COUNTY 1214 VAUGHN ROAD SUITE 103	56-1794210	501 (C) (3)		247,159.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	CAPE FEAR CLINIC, INC. 1605 DOCTORS CIRCLE WILMINGTON, NC 28401	56-1984630	501 (C) (3)		244,140.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	KANSAS CITY FREE HEALTH CLINIC 3515 BROADWAY KANSAS CITY, MO 64111	43-0967292	501 (C) (3)		243,115.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	GOOD SAMARITAN HEALTH CLINIC 401 ARNOLD STREET, NE CULLMAN, AL 35055	20-0149215	501 (C) (3)		240,526.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	SOUTHWEST MISSOURI AREA COALITION 11 TERRACE LN BUFFALO, MO 65622	27-3253482	501 (C) (3)		234,858.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	WESTERN STARK FREE CLINIC 820 AMHERST ROAD NE MASSILLON, OH 44646	34-1887206	501 (C) (3)		232,385.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	MED CARE UNITED CHARITABLE PHARMACY 711 STANTON L. YOUNG STE. 100	45-3361897	501 (C) (3)		231,511.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	OPEN ARMS HEALTH CLINIC 3921 W GREEN OAKS BLVD. ARLINGTON, TX 76017	45-0621201	501 (C) (3)		229,431.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

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Employer identification number

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATHERINES HEALTH CENTER 1211 LAFAYETTE AVE NE	20-3572418	501 (C) (3)		228,845.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	LA CLINICA CRISTIANA 3200 WOODWARD AV MUSCLE SHOALS, AL 35661	20-1624284	501 (C) (3)		225,537.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	HEALING HANDS HEALTH CENTER 210 MEMORIAL DR. BRISTOL, TN 37620	62-1677000	501 (C) (3)		224,700.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	COMPASSIONATE CARE OF SHELBY COUNTY, INC. 124 N. OHIO AVE SIDNEY, OH 45365	20-8479583	501 (C) (3)		222,290.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	NEIGHBORHOOD HEALTH CLINIC 121 GOODLETTE RD N NAPLES, FL 34102	59-3546884	501 (C) (3)		221,666.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	SMITH MEDICAL CLINIC, INC 116 BASKERVILL DRIVE	57-0786699	501 (C) (3)		221,304.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	ST. CLARE HEALTH CLINIC 1121 S. INDIANA AVE CROWN POINT, IN 46307	35-1330472	501 (C) (3)		221,078.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	MAMOU HEALTH RESOURCES, INC. 300 SOUTH STREET MAMOU, LA 70554	72-0949444	501 (C) (3)		219,541.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	THE BRIDGE CLINIC 318 NORTH CHURCH STREET ROCKFORD, IL 61111	27-3097955	501 (C) (3)		219,202.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	THE PEOPLES CITY MISSION FREE MEDICAL CLINI 110 Q STREET LINCOLN, NE 68512	26-3819766	501 (C) (3)		217,774.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	THE CLINIC 143 CHURCH ST. PHOENIXVILLE, PA 19460	75-5229590	501 (C) (3)		212,230.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	WESTMINSTER FREE CLINIC 5560 NAPOLEON DRIVE OAK PARK, CA 91377	77-0563241	501 (C) (3)		210,637.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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(1)	SETON CENTRAL OUTPATIENT PHARMACY 601 E 15TH STREET AUSTIN, TX 78701	74-1109643	501 (C) (3)		210,038.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	HEALTHREACH COMMUNITY CLINIC 400 EAST STATESVILLE AVE	20-1020941	501 (C) (3)		207,376.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	SAFE HARBOR FREE CLINIC 9631 269TH ST. NW STANWOOD, WA 98292	26-3825107	501 (C) (3)		206,181.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CROSSINGS COMMUNITY CLINIC 2208 W HEFNER RD OKLAHOMA CITY, OK 73112	86-1115863	501 (C) (3)		201,993.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	COASTAL FAMILY HEALTH CENTER 1046 DIVISION STREET BILOXI, MS 39530	64-0592416	501 (C) (3)		201,050.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	LEFLORE COUNTY HEALTH CENTER 706 HWY 82 WEST, SUITE A	20-0069223	501 (C) (3)		198,323.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	PEOPLES CLINIC FOR THE UNINSURED 183 N. SCHUYLER AVE KANKAKEE, IL 60901	45-4183388	501 (C) (3)		198,186.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	ALASKA IMMUNIZATION PROGRAM 3601 C STREET ANCHORAGE, AK 99503	92-6001185	501 (C) (3)		196,984.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	CROSSOVER MINISTRY 108 COWARDIN AVE RICHMOND, VA 23224	54-1371067	501 (C) (3)		195,747.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	MERCY MEDICAL CLINIC 615 WASHINGTON STREET SHELBYVILLE, KY 40065	61-1211189	501 (C) (3)		192,537.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	SHELBY COMMUNITY HEALTH CENTER 1640 E STATE RD. 44, SUITE B	30-0174146	501 (C) (3)		190,624.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	HEALTH AND HOPE CLINIC, INC. 9999 CHEMSTRAND RD PENSACOLA, FL 32514	26-4336638	501 (C) (3)		186,356.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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(1)	MACON VOLUNTEER CLINIC 376 ROGERS AVE MACON, GA 31204	74-3055376	501 (C) (3)		185,197.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	TCHMA / FAMILY MEDICINE CENTER 2123 AUBURN AVE. CINCINNATI, OH 45219	26-1332866	501 (C) (3)		184,389.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	FOREST BAPTIST CHURCH MEDICAL MISSION CLINI 439 EAST FIRST ST. FOREST, MS 39074	64-0368681	501 (C) (3)		184,286.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	HOPE HEALTH CLINIC 1025 SANIBEL WAY LAGRANGE, KY 40031	45-2340606	501 (C) (3)		184,050.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	COMMUNITY CARE CLINIC OF HIGHLANDS-CASHIERS 52 AUNT DORA DRIVE HIGHLANDS, NC 28741	65-1251915	501 (C) (3)		182,153.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	NORTH HUDSON COMMUNITY ACTION CORPORATION 714-31ST STREET UNION CITY, NJ 07087	22-1818699	501 (C) (3)		176,490.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	THE LA FREE CLINIC DBA SABAN FREE CLINIC 8405 BEVERLY BLVD. LOS ANGELES, CA 90048	95-2539105	501 (C) (3)		175,531.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	CHARLES TOWN HEALTH RIGHT, INC 1212 N. MILDRED ST. RANSON, WV 25438	55-0778553	501 (C) (3)		172,907.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	HELPING HAND CLINIC 507 NORTH STEELE ST SANFORD, NC 27330	56-1752295	501 (C) (3)		171,192.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	ELLENSBURG COMMUNITY HEALTH CLINIC 110 W 6TH AVE ELLENSBURG, WA 98926	65-1185178	501 (C) (3)		170,762.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	MISSION MEDICAL CLINIC 2125 E. LASALLE STREET	68-0506812	501 (C) (3)		169,132.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	SILOAM FAMILY HEALTH CENTER 820 GALE LANE NASHVILLE, TN 37204	58-1867940	501 (C) (3)		168,568.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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**Grants and Other Assistance to Organizations,
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(1)	CLEVELAND COUNTY HEALTH DEPARTMENT 315 E GROVER ST SHELBY, NC 28150	56-6000288	501 (C) (3)		166,044.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	CHRISTIAN COMMUNITY CLINIC OF JACKSON COUNT 1420A MCLAIN STREET NEWPORT, AR 72112	27-1913982	501 (C) (3)		165,620.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	THE FLOATING HOSPITAL 4140 27TH ST LONG ISLAND CITY, NY 11101	13-1624169	501 (C) (3)		164,626.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CHILDREN AND COMMUNITY HEALTH CENTER 120 S. CENTRAL EXPRESSWAY	20-0637782	501 (C) (3)		163,606.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	WV HEALTH RIGHT INC 1520 WASHINGTON ST. CHARLESTON, WV 25311	31-1066881	501 (C) (3)		158,876.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	UNION GOSPEL MISSION CLINIC 1300 N 1ST STREET YAKIMA, WA 98901	23-7050061	501 (C) (3)		158,817.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	BAPTIST MISSION CENTER 2125 EXCHANGE AVE OKLAHOMA CITY, OK 73108	73-0644143	501 (C) (3)		156,781.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	FREE CLINIC OF OUR TOWNS (ADA JENKINS CENTE 212 GAMBLE STREET DAVIDSON, NC 28036	56-1927067	501 (C) (3)		156,560.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	SACRAMENTO NATIVE AMERICAN HEALTH CENTER, I 2020 J STREET SACRAMENTO, CA 95811	20-4287737	501 (C) (3)		152,648.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	ACS COMMUNITY LIFT MEDICAL SERVICES 5045 WEST 1ST AVE DENVER, CO 80219	52-0643036	501 (C) (3)		151,385.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	HEAL, INC. 2600 MARTIN LUTHER KING JR. DR	26-3990559	501 (C) (3)		149,340.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	DELTA HEALTH ALLIANCE P.O. BOX 277 STONEVILLE, MS 38776	14-7091557	501 (C) (3)		146,715.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GOODWIN COMMUNITY HEALTH CENTER, INC. DBA C 2605 PARKWOOD DR BRUNSWICK, GA 31520	01-0576945	501 (C) (3)		146,099.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	ORANGEBURG-CALHOUN FREE MEDICAL CLINIC 860 HOLLY STREET ORANGEBURG, SC 29115	26-3762573	501 (C) (3)		146,086.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	WHITE HOUSE CLINICS 1010 MAIN ST. SOUTH MCKEE, KY 40447	61-0843731	501 (C) (3)		145,130.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	VOLUNTEERS IN MEDICINE, INC. 1039 S. DUCHESNE ST CHARLES, MO 63301	43-1791543	501 (C) (3)		143,152.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	SACRED HEART COMMUNITY CLINIC 620 ROUND ROCK WEST #8 ROUND ROCK, TX 78681	27-2901548	501 (C) (3)		143,143.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	GET UP PROJECT 10401 ANDERSON MILL RD, AUSTIN, TX 78750	45-4931906	501 (C) (3)		139,106.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	RURAL HEALTH CLINIC OF THE CUMBERLANDS 9400 SPARTA HIGHWAY CROSSVILLE, TN 38572	20-5562191	501 (C) (3)		137,405.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	KIDS COME FIRST COMMUNITY HEALTH CENTER 1501-A S. BON VIEW AVE ONTARIO, CA 91761	33-0969025	501 (C) (3)		136,119.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	THE HEALTH CARE CONNECTION 1401 STEFFEN AVENUE CINCINNATI, OH 45215	31-0822524	501 (C) (3)		134,188.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	EISNER PEDIATRIC & FAMILY MEDICAL CENTER 1500 S. OLIVE ST LOS ANGELES, CA 90015	95-1690966	501 (C) (3)		134,105.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	CHCGD EAST DAYTON HEALTH CENTER 2132 E. THIRD ST DAYTON, OH 45403	26-1253235	501 (C) (3)		133,617.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	ST. MARYS HEALTH CENTER 1302 DRAYTON ST SAVANNAH, GA 31401	58-2282758	501 (C) (3)		133,333.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ETOWAH BAPTIST CHARITY PHARMACY 18901 E. ETOWAH RD NOBLE, OK 73068	73-1637087	501 (C) (3)		133,274.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	URBAN MINISTRIES OF WAKE CO. 1390 CAPITAL BLVD RALEIGH, NC 27603	58-1422700	501 (C) (3)		131,282.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	CHIPPEWA VALLEY FREE CLINIC 836 RICHARD DR. EAU CLAIRE, WI 54701	39-1840231	501 (C) (3)		127,882.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	FAMILY HEALTH PARTNERSHIP CLINIC 13707 W. JACKSON ST. WOODSTOCK, IL 60098	36-4277029	501 (C) (3)		127,873.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	PUBLIC HEALTH - SEATTLE & KING COUNTY 401 5TH AVENUE SEATTLE, WA 98104	91-6001327	501 (C) (3)		127,525.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	COORDINATED HEALTH SERVICES, INC. 2110 BROAD STREET AUGUSTA, GA 30904	58-2060572	501 (C) (3)		127,332.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	BIGHORN VALLEY HEALTH CENTER 10 WEST 4TH STREET HARDIN, MT 59034	27-3113428	501 (C) (3)		126,773.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	THE MEDINA HEALTH MINISTRY 970 E. WASHINGTON STREET MEDINA, OH 44256	30-0092944	501 (C) (3)		124,348.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	GEORGIA HIGHLANDS MEDICAL SERVICES, INC 260 ELM ST CUMMING, GA 30040	58-1338038	501 (C) (3)		123,990.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	NORTHWEST ARKANSAS FREE HEALTH CENTER 1100 NORTH WOOLSEY AVENUE	58-1691790	501 (C) (3)		123,853.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	HOPE CLINIC OF GARLAND 808 W. AVE A GARLAND, TX 75040	75-2960314	501 (C) (3)		123,441.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	UNION GOSPEL MISSION CLINIC @ UNION GOSPEL MISSION	75-6003612	501 (C) (3)		123,222.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization: **AMERICARES FOUNDATION, INC.**
Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	HEALTH ACCESS, INC. 489 WASHINGTON AVENUE CLARKSBURG, WV 26301	55-0715066	501 (C) (3)		122,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	SET FAMILY MEDICAL CLINICS 825 EAST PRIKES PEAK AVE.	84-1183335	501 (C) (3)		120,243.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	HEALTH UNIT ON DAVISON AVENUE CLNIC 13240 WOODROW WILSON AVENUE	37-1490937	501 (C) (3)		118,748.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	TOTAL LIVING CENTER FREE MEDICAL CLINIC 2221 9TH ST SW CANTON, OH 44706	34-1387834	501 (C) (3)		118,084.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	HEARTLAND COMMUNITY HEALTH CLINIC 1701 W. GARDEN PEORIA, IL 61605	37-1270794	501 (C) (3)		117,032.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	WESLEY HEALTH CENTER 1300 S. 10TH ST PHOENIX, AZ 85034	86-0133770	501 (C) (3)		116,834.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	LLOYD F. MOSS FREE CLINIC 1301 SAM PERRY BOULEVARD	54-1677934	501 (C) (3)		115,606.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	SOUTHEAST INC. 16 WEST LONG STREET COLUMBUS, OH 43215	31-0940189	501 (C) (3)		111,249.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	GRACE MEDICAL HOME 51 PENNSYLVANIA ST ORLANDO, FL 32806	26-1817966	501 (C) (3)		110,015.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	CLEARWATER FREE CLINIC 707 N. FT. HARRISON AVE.	59-1852871	501 (C) (3)		109,571.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	CHRISTIAN APPALACHIAN PROJECT 6550 US 321 SOUTH HAGERHILL, KY 41222	61-0661137	501 (C) (3)		109,271.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	FREE MEDICAL CLINIC 47 W LONG AVENUE DUBOIS, PA 15801	25-1804763	501 (C) (3)		109,246.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I General Information on Grants and Assistance

- Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) COMMUNITY HEALTH CARE CLINIC 902 N. FRANKLIN NORMAL, IL 61761	37-1316328	501 (C) (3)		108,783.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2) SAN JOSE CLINIC 2615 FANNIN ST., SUITE 2703	76-0373703	501 (C) (3)		107,557.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3) RUTLAND FREE CLINIC 145 STATE STREET RUTLAND, VT 05701	83-0427544	501 (C) (3)		107,474.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4) FREE CLINIC OF CULPEPER 610 LAUREL STREET CULPEPER, VA 22701	52-1366700	501 (C) (3)		105,389.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5) COMMUNITY HEALTH CENTERS, INC. 12716 N.E. 36TH STREET SPENCER, OK 73084	73-0930123	501 (C) (3)		104,791.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6) ONE STOP CLINIC 701 17TH AVE W BRADENTON, FL 34205	59-3340921	501 (C) (3)		102,940.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7) MERCY COMMUNITY SERVICES OUTREACH CENTER 142 WEBSTER AVENUE ROCHESTER, NY 14609	16-1463421	501 (C) (3)		101,495.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8) GREATER KILLEEN FREE CLINIC 718 N 2ND STREET, STE A KILLEEN, TX 76541	74-2724725	501 (C) (3)		101,114.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9) CHARITABLE CHRISTIAN MEDICAL CLINIC 133 ARBOR HOT SPRINGS, AR 71901	62-1671396	501 (C) (3)		101,081.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10) THE WAY FREE MEDICAL CLINIC, INC. 479 HOUSTON ST.	76-0828154	501 (C) (3)		97,739.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11) WORLD REACH INC DBA BETHESDA HEALTH CENTER 133 STETSON DR. CHARLOTTE, NC 28262	56-2015959	501 (C) (3)		97,362.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12) THE OLYMPIA FREE CLINIC 108 STATE AVE NW OLYMPIA, WA 98501	27-1606329	501 (C) (3)		97,156.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	FAMILY RESOURCE CENTER ON YOUR FEET INC. SAN DIEGO, CA 92105	35-2329448	501 (C) (3)		96,914.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	CROSSROAD HEALTH CENTER 5 E. LIBERTY CINCINNATI, OH 45202	31-1321054	501 (C) (3)		96,209.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	HEALTH PARTNERS FREE CLINIC 1300 NORTH COUNTY ROAD 25A TROY, OH 45373	31-1596731	501 (C) (3)		95,489.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	OREGON ADULT IMMUNIZATION COALITION OAIC-IMMUNIZATION PROGRAM	26-1440386	501 (C) (3)		94,517.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	ATHENS NURSES CLINIC 496 REESE STREET ATHENS, GA 30601	58-2490925	501 (C) (3)		94,305.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	SCOTLAND COMMUNITY HEALTH CLINIC 1405-B WEST BLVD LAURINBURG, NC 28353	20-2841940	501 (C) (3)		94,222.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	THE RESCUE MISSION FREE CLINIC 402 4TH STREET SE ROANOKE, VA 24013	54-0573900	501 (C) (3)		94,028.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	MANNA MINISTRIES INC 120 STREET A, SUITE A PICAYUNE, MS 39466	20-1788094	501 (C) (3)		92,971.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	BROCKTON NEIGHBORHOOD HEALTH CENTER 63 MAIN STREET BROCKTON, MA 02301	04-3165044	501 (C) (3)		90,308.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	ST. MARTINS HEALTHCARE INC 1359 SOUTH RANDOLPH STREET	20-8609620	501 (C) (3)		90,268.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	HOPE MEDICAL/DENTAL CLINIC 111 MEADOWVIEW DRIVE CLEBURNE, TX 76033	75-2953856	501 (C) (3)		89,967.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	VALLEY FAMILY HEALTH CARE 1441 N.E. 10TH AVE. PAYETTE, ID 83655	82-0371383	501 (C) (3)		88,733.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CARE ALLIANCE HEALTH CENTER 1530 ST. CLAIR AVE CLEVELAND, OH 44114	34-1748776	501 (C) (3)		87,342.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	HEALTHNET OF ROCK COUNTY, INC. 23 W. MILWAUKEE STREET JANESVILLE, WI 53548	39-1778804	501 (C) (3)		86,786.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	LAFAYETTE COMMUNITY HEALTHCARE CLINIC 1317 JEFFERSON STREET LAFAYETTE, LA 70501	72-1221982	501 (C) (3)		86,430.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	LA CLINICA DE LA ESPERANZA 3200 GRAND AVENUE DES MOINES, IA 50312	42-0680452	501 (C) (3)		86,221.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	CROSS AND CROWN CLINIC 1008 N. MCKINLEY STREET	73-1608071	501 (C) (3)		85,099.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	FREE CLINIC OF SOUTHWEST WASHINGTON 4100 PLOMONDON ST. VANCOUVER, WA 98661	91-1707542	501 (C) (3)		84,761.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	CMP EXPRESS 1101 4TH STREET, SUITE 101-A	02-0751416	501 (C) (3)		84,575.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	HARRISONBURG ROCKINGHAM FREE CLINIC 25 WEST WATER STREET HARRISONBURG, VA 22801	54-1568909	501 (C) (3)		84,400.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	CABRINI CLINIC 1234 PORTER STREET DETROIT, MI 48226	38-3129349	501 (C) (3)		83,554.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	ST. VINCENT DE PAUL CLINIC 420 WEST WATKINS PHOENIX, AZ 85003	86-0096789	501 (C) (3)		82,647.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	WESTSIDE FAMILY HEALTHCARE 300 WATER ST WILMINGTON, DE 19801	22-2488654	501 (C) (3)		82,118.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	NORTH BROWARD HOSPITAL DISTRICT 200 NORTHWEST 7TH AVENUE FORT LAUDERDALE	59-6012065	501 (C) (3)		82,118.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization: **AMERICARES FOUNDATION, INC.** Employer identification number: **06-1008595**

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? **Yes** **No**
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SALT LAKE VALLEY HEALTH DEPARTMENT 2001 S. STATE ST. STE S-3800 SALT LAKE CITY	87-6000316	501 (C) (3)		82,118.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	UTAH COUNTY HEALTH DEPARTMENT 151 S UNIVERSITY AVE PROVO, UT 84601	87-6003120	501 (C) (3)		82,118.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	JEFFERSON COUNTY FOURTH STREET HEALTH CENTE 701 NORTH FOURTH STREET	20-3924355	501 (C) (3)		81,644.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	PARK DUVALLE COMMUNITY HEALTH CENTER 3015 WILSON AVENUE LOUISVILLE, KY 40211	61-0666209	501 (C) (3)		81,502.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	THE KITCHEN CLINIC 1630 N. JEFFERSON AVE.	43-1384531	501 (C) (3)		81,241.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	LEE COUNTY VOLUNTEERS IN MEDICINE 1154 LEE BOULEVARD LEHIGH ACRES, FL 33936	01-0941498	501 (C) (3)		81,190.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	LAKE COUNTY FREE CLINIC 54 SOUTH STATE ST SUITE 302	34-1081191	501 (C) (3)		78,844.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	MERCY HEALTH CENTER, INC. 700 OGLETHORPE AVE. ATHENS, GA 30606	58-2603523	501 (C) (3)		78,651.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	FORT BEND FAMILY HEALTH CENTER D/B/A ACCESS 400 AUSTIN ST RICHMOND, TX 77469	74-1951476	501 (C) (3)		78,221.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	LINN COUNTY PUBLIC HEALTH LINN COUNTY PUBLIC HEALTH CEDAR RAPIDS IA	42-6004338	501 (C) (3)		78,014.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	VALLEY WIDE HEALTH SYSTEMS, INC. 1710 1ST ST ALAMOSA, CO 81101	84-0706945	501 (C) (3)		77,927.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	HEALTH PARTNERS OF WESTERN OHIO 441 E. 8TH ST. LIMA, OH 45804	56-2330309	501 (C) (3)		77,740.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GOOD SAMARITAN HEALTH CLINIC OF PASCO, INC 5334 ASPEN ST. NEW PORT RICHEY, FL 34652	59-3072334	501 (C) (3)		76,550.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	ANN SILVERMAN COMMUNITY HEALTH CLINIC 595 WEST STATE STREET DOYLESTOWN, PA 18901	23-2892823	501 (C) (3)		75,268.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	PEOPLES CLINIC 3110 GOULDEN PORT HURON, MI 48060	38-3274342	501 (C) (3)		74,382.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	ELLENTON HEALTH CLINIC, PUBLIC HEALTH DISTR 185 NORTH BAKER STREET ELLENTON, GA 31747	23-7379607	501 (C) (3)		74,276.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	AUGUSTA REGIONAL FREE CLINIC 342 MULE ACADEMY ROAD	54-1651896	501 (C) (3)		73,499.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	THE OPEN DOOR CLINIC 130 W CENTRAL CHIPPEWA FALLS, WI 54729	20-3673759	501 (C) (3)		73,102.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	THE NEIGHBORHOOD CHRISTIAN CLINIC 1929 W. FILLMORE PHOENIX, AZ 85009	86-0839580	501 (C) (3)		71,033.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	TRINITY CLINIC 507 4TH STREET CALVIN, OK 74531	73-1325401	501 (C) (3)		70,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	EAST ARKANSAS FAMILY HEALTH CENTER, INC. 215 EAST BOND AVE WEST MEMPHIS, AR 72301	23-7128104	501 (C) (3)		70,520.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	LAKE AREA FREE CLINIC 856B ARMOUR RD OCONOMOWOC, WI 53066	39-2006388	501 (C) (3)		70,001.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	LONOKE COUNTY CHRISTIAN CLINIC 502 RITCHIE ROAD CABOT, AR 72023	26-1585012	501 (C) (3)		68,892.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	LA. STATE UNIVERSITY IN EUNICE 2048 JOHNSON HIGHWAY EUNICE, LA 70535	72-6000848	501 (C) (3)		68,056.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Inspection**

Department of the Treasury
Internal Revenue Service

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	WASATCH HOMELESS HEALTH CARE, INC. 404 SOUTH 400 WEST SALT LAKE CITY, UT 84101	87-0569356	501 (C) (3)		67,305.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	NORTH DALLAS SHARED MINISTRIES 2875 MERRELL ROAD DALLAS, TX 75229	75-1908563	501 (C) (3)		66,559.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	KATAHDIN VALLEY HEALTH CENTER 30 HOULTON ST PATTEN, ME 04747	23-7411014	501 (C) (3)		64,539.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	WAIMANLO HEALTH CENTER WAIMANALO HEALTH CENTER	99-0273205	501 (C) (3)		63,909.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	TLC PHARMACY 555 E COSTILLA COLORADO SPRINGS, CO 80903	84-1345520	501 (C) (3)		63,307.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	NEW ORLEANS DREAM CENTER 1137 SAINT CHARLES AVENUE	30-0591534	501 (C) (3)		63,272.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	UNITY HEALTH CARE, INC. 1220 12TH STREET S.E. WASHINGTON, DC 20003	52-1572431	501 (C) (3)		61,589.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	GREATER NEW ORLEANS IMMUNIZATION NETWORK 201 EVANS RD. HARAHAN, LA 70123	72-0467503	501 (C) (3)		61,589.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	CHRISTIAN HEALTH CENTER 2001 CARES DRIVE HEBER SPRINGS, AR 72543	71-0852792	501 (C) (3)		61,149.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	GOOCHLAND FREE CLINIC AND FAMILY SERVICES 1800 SANDY HOOK RD. GOOCHLAND, VA 23063	54-1967650	501 (C) (3)		60,463.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	COMMUNITY HEALTH CENTERS OF GREATER DAYTON 1323 W. THIRD ST DAYTON, OH 45402	26-1253235	501 (C) (3)		60,266.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	MORTON COMPREHENSIVE SERVICES 1334 N LANSING AVE TULSA, OK 74106	73-1177858	501 (C) (3)		58,792.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Inspection**

Department of the Treasury
Internal Revenue Service

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Name of the organization

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	PIMA COUNTY HEALTH DEPARTMENT 3950 S. COUNTRY CLUB TUCSON, AZ 85714	86-6000543	501 (C) (3)		57,536.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	YORK COUNTY COMMUNITY HEALTH CARE P.O. BOX 72 SANFORD, ME 04073	01-6020406	501 (C) (3)		54,192.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	SHEPHERDS CARE MEDICAL CLINIC 304 B PONY ROAD ZEBULON, NC 27597	26-2757593	501 (C) (3)		52,392.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	COMMUNITY HEALTH SERVICES 4675 E. 69TH AVENUE COMMERCE CITY, CO 80022	84-0799374	501 (C) (3)		52,216.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	FAMILY CHRISTIAN HEALTH CENTER 31 W 155TH STREET HARVEY, IL 60426	36-4346917	501 (C) (3)		52,087.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	COMMUNITY VOLUNTEERS IN MEDICINE 300B LAWRENCE DRIVE WEST CHESTER, PA 19380	23-2944553	501 (C) (3)		51,967.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	RICHMOND AREA HIGH BLOOD PRESSURE CENTER 1200 WEST CARY STREET RICHMOND, VA 23220	52-1303481	501 (C) (3)		51,961.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	LAS CLINICAS DEL NORTE STATE ROAD 571, BLDG 28 EL RITO, NM 87530	85-0249591	501 (C) (3)		51,180.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	ST. THOMAS CLINIC 600 PAUL HAND BOULEVARD FRANKLIN, IN 46131	35-1449379	501 (C) (3)		51,096.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	GOOD SAMARITAN CLINIC 418 GRAND PARK DRIVE PARKERSBURG, WV 26105	55-0708491	501 (C) (3)		50,336.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	FAIRFIELD COMMUNITY HEALTH CENTER 1155 EAST MAIN STREET LANCASTER, OH 43130	27-1092132	501 (C) (3)		49,669.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	COMMUNITY CARE CLINIC OF DARE PO BOX 1329 NAGS HEAD, NC 27959	20-2230717	501 (C) (3)		49,477.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012

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Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	GOOD SAMARITAN PHARMACY & HEALTH SERVICES, 2502 TAMiami TRAIL NORTH NOKOMIS, FL 34275	26-2295558	501 (C) (3)		49,098.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	CRISIS CONTROL MINISTRY 200 EAST 10TH STREET	23-7348168	501 (C) (3)		48,814.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	ST. JOSEPHS NEIGHBORHOOD CENTER 417 SOUTH AVENUE ROCHESTER, NY 14620	46-1176792	501 (C) (3)		47,873.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CLINIC BY THE BAY 4877 MISSION STREET SAN FRANCISCO, CA 94112	26-2593712	501 (C) (3)		45,413.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	THUNDERMIST HEALTH CENTER 450 CLINTON STREET WOONSOCKET, RI 02895	05-0355097	501 (C) (3)		44,785.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	CORPUS CHRISTI METRO MINISTRIES 1919 LEOPARD ST. CORPUS CHRISTI, TX 78408	74-2247261	501 (C) (3)		43,798.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	A COMMUNITY CLINIC, INC 335 MARKET STREET SUNBURY, PA 17801	20-4051982	501 (C) (3)		43,202.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	SHELTER HEALTH SERVICES 534 SPRATT ST. CHARLOTTE, NC 28206	20-3041985	501 (C) (3)		42,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	HARMONY HEALTH CLINIC 201 E. ROOSEVELT LITTLE ROCK, AR 72206	20-5691313	501 (C) (3)		42,454.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	SHASTA COMMUNITY HEALTH CENTER 1035 PLACER ST. REDDING, CA 96001	68-0165855	501 (C) (3)		41,691.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	EASTERN IDAHO PUBLIC HEALTH DISTRICT 1250 HOLLIPARK DRIVE IDAHO FALLS, ID 83401	82-6000952	501 (C) (3)		41,450.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	BUNCOMBE COUNTY DEPARTMENT OF HEALTH 40 COXE AVENUE ASHEVILLE, NC 28801	56-6000279	501 (C) (3)		41,060.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
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OMB No. 1545-0047

2012

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Department of the Treasury
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Name of the organization: **AMERICARES FOUNDATION, INC.**
Employer identification number: **06-1008595**

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(1)	BENTON FRANKLIN HEALTH DISTRICT 7102 OKANOGAN PLACE KENNEICK, WA 99336	91-1018182	501 (C) (3)		41,060.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	HEALTH CARE NETWORK INC 904 STATE STREET RACINE, WI 53404	42-1299913	501 (C) (3)		40,378.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	FLORIDA HOSPITAL WATERMAN COMMUNITY HEALTH 2300 KURT STREET EUSTIS, FL 32726	59-3140669	501 (C) (3)		39,940.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	LANE COUNTY PUBLIC HEALTH 151 WEST 7TH AVE., #310 EUGENE, OR 97401	93-6002303	501 (C) (3)		39,397.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	SOUTHWEST UTAH PUBLIC HEALTH DEPARTMENT 620 SOUTH 400 EAST #400 ST.GEORGE, UT 84770	87-0331280	501 (C) (3)		39,396.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	CROSSROADS MEDICAL MISSION, INC. 300 WEST VALLEY DRIVE BRISTOL, VA 24201	54-2038877	501 (C) (3)		39,311.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	GOOD SHEPHERD COMMUNITY CLINIC 240 EAST WASHINGTON ST	35-1365963	501 (C) (3)		38,846.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	CINCINNATI HEALTH NETWORK, INC 2825 BURNET AVENUE CINCINNATI, OH 45219	31-1182378	501 (C) (3)		37,765.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	THE GOOD SAMARITAN CLINIC OF JACKSON COUNTY 293 HOSPITAL ROAD, SUITE B SYLVA, NC 28779	56-2266536	501 (C) (3)		36,355.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	COMMUNITY HEALTH AND SOCIAL SERVICES CENTER 5635 W FORT ST DETROIT, MI 48209-3154	38-3094394	501 (C) (3)		36,230.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	GREATER GREENWOOD UNITED MINISTRY FREE MEDI 1404 EDGEFIELD STREET GREENWOOD, SC 29384	57-1012393	501 (C) (3)		35,986.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	OASIS OF HOPE CENTER 522 LEONARD ST. NW GRAND RAPIDS, MI 49504	20-2781312	501 (C) (3)		35,425.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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**Grants and Other Assistance to Organizations,
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(1)	FERNCARE FREE CLINIC, INC. 459 E. NINE MILE ROAD FERNDAL, MI 48220	32-0246843	501 (C) (3)		34,816.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	HEALTH PARTNERS, INC 3070 CRAIN HIGHWAY WALDORF, MD 20601	52-1767044	501 (C) (3)		34,673.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	MALTA HOUSE OF CARE, INC 19 WOODLAND STREET HARTFORD, CT 06105	20-3562424	501 (C) (3)		34,527.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	RIVER HILLS COMMUNITY HEALTH CENTER 201 SOUTH MARKET STREET OTTUMWA, IA 52501	42-1489471	501 (C) (3)		34,293.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	COMMUNITY HEALTH CLINIC OF JOPLIN 701 S. JOPLIN AVE JOPLIN, MO 64801	43-1643962	501 (C) (3)		34,185.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	RALEIGH RESCUE MISSION 314 E. HARGETT ST RALEIGH, NC 27601	56-6024168	501 (C) (3)		34,168.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	RAPHA CLINIC OF WEST GEORGIA INC 109B ALLEN MEMORIAL DRIVE BREMEN, GA 30110	27-1188932	501 (C) (3)		34,102.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	TRAVERSE HEALTH CLINIC 3147 LOGAN VALLEY RD	30-0224028	501 (C) (3)		33,465.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	CHAFFEE PEOPLES CLINIC 448 E. 1ST STREET, #148 SALIDA, CO 81201	20-5114022	501 (C) (3)		33,144.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	HANDS OF HOPE CLINIC, INC. 1010 HOSPITAL DRIVE BLDG B	42-1591970	501 (C) (3)		32,924.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	COWLITZ FAMILY HEALTH CENTER 1057 12TH AVENUE LONGVIEW, WA 98632	91-0896241	501 (C) (3)		32,693.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	FREE CLINIC SUSSEX COUNTY 4 DILLER AVE (AND SPRING STR) NEWTON	45-4224214	501 (C) (3)		31,688.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	SIOUXLAND COMMUNITY HEALTH CENTER 1021 NEBRASKA ST SIOUX CITY, IA 51105	42-1374894	501 (C) (3)		31,673.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	PEDIPLACE 502 S. OLD ORCHARD LANE LEWISVILLE TX 75067	75-2512752	501 (C) (3)		30,826.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	MATAGORDA EPISCOPAL HEALTH OUTREACH PROGRAM 101 AVENUE F BAY CITY, TX 77414	20-0537948	501 (C) (3)		30,386.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	RUTHS PLACE 1411 CRAWFORD AVENUE GRANBURY, TX 76048	20-4594680	501 (C) (3)		29,490.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	RURAL HEALTH SERVICES INC. 4645 AUGUSTA RD BEECH ISLAND, SC 29842	23-7085643	501 (C) (3)		29,154.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	CLINICA COLORADO 8406 CLAY ST. WESTMINSTER, CO 80031	27-3794068	501 (C) (3)		28,734.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	SOUTH CENTRAL PUBLIC HEALTH DISTRICT 1020 WASHINGTON ST. N TWIN FALLS, ID 83301	82-0335043	501 (C) (3)		27,577.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	LUBBOCK IMPACT / TTUHSC FREE CLINIC 2707 34TH ST LUBBOCK, TX 79416	26-1607120	501 (C) (3)		27,341.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	VOLUNTEERS IN MEDICINE 190 N. PENNSYLVANIA AVE WILKES BARRE PA	20-3531527	501 (C) (3)		27,163.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	BEAR RIVER HEALTH DEPARTMENT 655 EAST 1300 NORTH LOGAN, UT 84341	87-0109001	501 (C) (3)		26,689.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	NEW HOPE CLINIC, INC. 201 W. BOILING SPRING RD SOUTHPORT NC	31-1614379	501 (C) (3)		26,451.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	BUENA VISTA COUNTY PUBLIC HEALTH AND HOME C 1709 E. RICHLAND ST STORM LAKE, IA 50588	42-6005256	501 (C) (3)		25,940.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

**SCHEDULE I
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Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	REFUGEE CLINIC 525 CORRAL STREET LEXINGTON, KY 40508	37-1547506	501 (C) (3)		24,930.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	UNIVERSITY OF LOUISVILLE WINGS CLINIC 550 S. JACKSON STREET LOUISVILLE, KY 40202	61-1029626	501 (C) (3)		24,761.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	UNIVERSITY OF MIAMI 1601 NW 12 AVE. #4067 MIAMI, FL 33136	59-0624458	501 (C) (3)		24,730.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	KITSAP PUBLIC HEALTH DISTRICT 345 6TH ST STE 300 BREMERTON, WA 98337	42-1689063	501 (C) (3)		24,673.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	MIDTOWN COMMUNITY HEALTH CENTER 2240 ADAMS AVE OGDEN, UT 84401	87-0540039	501 (C) (3)		24,636.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	BRENTWOOD FAMILY HEALTH CENTER 1869 BRENTWOOD ROAD BRENTWOOD, NY 11717	11-1704595	501 (C) (3)		24,636.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	WHATCOM COUNTY HEALTH DEPARTMENT 1500 N. STATE ST. BELLINGHAM, WA 98225	91-6001383	501 (C) (3)		24,635.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	THE CARE CLINIC 239 ROBESON STREET FAYETTEVILLE, NC 28301	56-1837010	501 (C) (3)		24,291.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	WEBER MORGAN HEALTH DEPT 477 23RD ST. OGDEN, UT 84401	87-6000308	501 (C) (3)		24,137.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	NEW ORLEANS CHILDRENS HEALTH PROJECT 1440 CANAL ST. SUITE 974 NEW ORLEANS LA	72-0423889	501 (C) (3)		23,763.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	ONEWORLD COMMUNITY HEALTH CENTERS INC 4920 S. 30TH STREET, SUITE 103 OMAHA NE	47-0548990	501 (C) (3)		23,638.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	TRI CITY HEALTH PARTNERSHIP 318 WALNUT STREET SAINT CHARLES, IL 60174	36-4475369	501 (C) (3)		23,553.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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Department of the Treasury
Internal Revenue Service

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Employer identification number

06-1008595

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1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	METROWEST FREE MEDICAL PROGRAM 105 HUDSON RD SUDBURY, MA 01776	04-3822273	501 (C) (3)		22,903.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	DADE COUNTY HEALTH DEPARTMENT 413 W WATER STREET GREENFIELD, MO 65661	43-1266535	501 (C) (3)		22,613.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	BREVARD HEALTH ALLIANCE 220 BARTON BLVD ROCKLEDGE, FL 32955	90-0068515	501 (C) (3)		21,598.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	I CARE SAN ANTONIO 1 HAVEN FOR HOPE WAY SAN ANTONIO, TX 78207	74-2690192	501 (C) (3)		21,125.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	GLENDALE COMMUNITY FREE HEALTH CLINIC 134 N. KENWOOD ST. GLENDALE, CA 91206	87-0732681	501 (C) (3)		20,551.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	SOUTHWEST DISTRICT HEALTH DEPARTMENT 13307 S MIAMI LANE CALDWELL, ID 83607	82-6000952	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	LYNNFIELD BOARD OF HEALTH 55 SUMMER STREET LYNNFIELD, MA 01940	04-6001207	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	BUTLER COUNTY HEALTH DEPARTMENT 1619 NORTH MAIN STREET POPLAR BLUFF MO	43-1070380	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	DAVIS COUNTY HEALTH DEPARTMENT 22 SOUTH STATE STREET CLEARFIELD, UT 84015	87-6000297	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	WASATCH COUNTY HEALTH DEPARTMENT 55 SOUTH 500 EAST HEBER CITY, UT 84032	87-6000299	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	SNOHOMISH HEALTH DISTRICT 3020 RUCKER AVENUE EVERETT, WA 98201	91-1866899	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	CAPE GIRARDEAU COUNTY PUBLIC HEALTH CENTER PO BOX 1839 CAPE GIRARDEAU, MO 63702	43-1426014	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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Schedule I (Form 990) (2012)

**SCHEDULE I
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**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

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(1)	LINN COUNTY HEALTH DEPARTMENT 635 S. MAIN STREET BROOKFIELD, MO 64628	43-1268666	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	CENTRO SAN VICENTE 8061 ALAMEDA AVE. EL PASO, TX 79915	74-2505561	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	CENTRAL UTAH PUBLIC HEALTH DEPARTMENT 70 WESTVIEW DR. RICHFIELD, UT 84701	87-0629869	501 (C) (3)		20,530.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CORNERSTONE ASSISTANCE NETWORK 3500 NOBLE FORT WORTH, TX 76111	75-2417646	501 (C) (3)		19,751.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	SOUTHEASTERN IDAHO PUBLIC HEALTH 1901 ALVIN RICKEN DRIVE POCATELLO, ID 83201	82-6000952	501 (C) (3)		19,698.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	DUPAGE COUNTY HEALTH DEPARTMENT 111 N. COUNTY FARM ROAD WHEATON, IL 60187	36-6006553	501 (C) (3)		19,698.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	HEART MINISTRY CENTER 2222 BINNEY STREET OMAHA, NE 68110	81-0614816	501 (C) (3)		19,490.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	PITT COUNTY CARE INC. BRODY BLDG 2N-45 GREENVILLE, NC 27834	56-2097183	501 (C) (3)		18,769.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	MAGIS CLINIC SIENA/FRANCIS HOUSE OMAHA, NE 68102	47-0376583	501 (C) (3)		18,640.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	LIGHTHOUSE MEDICAL MINISTRIES 2801 SOUTH ROBINSON OKLAHOMA CITY, OK 73109	20-0503733	501 (C) (3)		18,288.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	ACCESS COMMUNITY HEALTH CENTER 83 MAIDEN LANE, 6TH FL NY, NY 10038	13-4032078	501 (C) (3)		18,242.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	NIAGARA COUNTY HEALTH DEPARTMENT 1001 11TH STREET NIAGARA FALLS, NY 14301	16-6002564	501 (C) (3)		17,293.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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**Grants and Other Assistance to Organizations,
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(1)	FISH RIVER RURAL HEALTH 10 CARTER STREET EAGLE LAKE, ME 04739	01-0452749	501 (C) (3)		16,631.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	WEBSTER COUNTY HEALTH DEPARTMENT 723 1ST AVENUE SOUTH FORT DODGE, IA 50501	42-6004677	501 (C) (3)		16,424.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	POLK COUNTY HEALTH DEPARTMENT 1907 CARPENTER AVE DES MOINES, IA 50314	42-6004519	501 (C) (3)		16,424.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	SIOUXLAND DISTRICT HEALTH DEPARTMENT 1014 NEBRASKA STREET SIOUX CITY, IA 51105	42-6005221	501 (C) (3)		16,091.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	ANDERSON FREE CLINIC 414 N FANT ST ANDERSON, SC 29621	57-0787584	501 (C) (3)		15,635.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	GOOD HEALTH CLINIC INC 91555 O SEAS HWY #2 TAVERNIER, FL 33070	04-3745805	501 (C) (3)		14,767.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	NATIVE AMERICAN COMMUNITY HEALTH CENTER-WES 2423 W. DUNLAP AVE PHOENIX, AZ 85021	94-2540194	501 (C) (3)		14,539.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	LIVINGSTONE COMMUNITY DEVELOPMENT CORPORATI 12362 BEACH BLVD. STANTON, CA 90680	27-0947808	501 (C) (3)		14,412.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	NORTH COAST HEALTH MINISTRY 16110 DETROIT AVENUE LAKEWOOD, OH 44107	34-1536257	501 (C) (3)		14,270.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	CHARLOTTE COMMUNITY HEALTH CLINIC 6900 FARMINGDALE DR CHARLOTTE, NC 28212	56-2274174	501 (C) (3)		14,199.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	COLUMBIA COUNTY DOH 325 COLUMBIA STREET HUDSON, NY 12534	14-6002564	501 (C) (3)		14,121.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	ZUFALL HEALTH CENTER 18 W. BLACKWELL STREET DOVER, NJ 07801	22-3125397	501 (C) (3)		14,086.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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(1)	ST. ANTHONY MEDICAL CLINIC 150 GOLDEN GATE AVENUE SAN FRANCISCO CA	94-1513140	501 (C) (3)		13,976.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	FREE MEDICAL CLINIC OF DARLINGTON COUNTY 203 GROVE STREET DARLINGTON, SC 29532	58-2445265	501 (C) (3)		13,569.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	BANNER SCHOOL BASED HEALTH CENTERS 1400 S DOBSON MESA, AZ 85202	90-0054201	501 (C) (3)		13,525.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CLINTON COUNTY HEALTH DEPARTMENT 133 MARGARET ST PLATTSBURGH, NY 12901	14-6002565	501 (C) (3)		13,345.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	LIVINGSTON COUNTY HEALTH CENTER 800 ADAM DRIVE CHILLICOTHE, MO 64601	43-1103989	501 (C) (3)		12,318.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	ERIE COUNTY HEALTH DEPARTMENT 608 WILLIAM ST. BUFFALO, NY 14206	16-6002558	501 (C) (3)		12,318.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	MARTIN LUTHER KING JR COMMUNITY HEALTH CENT 1556 STRAIGHT PATH WYANDANCH, NY 11798	11-6000464	501 (C) (3)		12,318.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	GRAYS HARBOR COUNTY PUBLIC HEALTH 2109 SUMNER AVE ABERDEEN, WA 98520	91-6001320	501 (C) (3)		12,318.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	KITTITAS COUNTY PUBLIC HEALTH DEPARTMENT 507 N. NANUM, SUITE 102 ELLENSBURG WA	91-6001349	501 (C) (3)		12,318.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	NHAN HOA COMPREHENSIVE HEALTH CARE CLINIC 7761 GARDEN GROVE BLVD. GARDEN GROVE CA	33-0477323	501 (C) (3)		12,256.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	CHAUTAUQUA COUNTY HEALTH DEPARTMENT 7 NORTH ERIE STREET MAYVILLE, NY 14757	16-6002556	501 (C) (3)		12,173.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	WAYNE COUNTY HEALTH DEPARTMENT 405 NORTH BASIN ROAD FAIRFIELD, IL 62837	37-6002324	501 (C) (3)		12,152.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

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▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	COLE COUNTY HEALTH DEPARTMENT 1616 INDUSTRIAL DRIVE JEFFERSON CITY MO	44-6000488	501 (C) (3)		11,819.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	EDWARD R. LEAHY JR. CENTER CLINIC FOR THE U 800 LINDEN STREET SCRANTON, PA 18510	24-0795495	501 (C) (3)		11,314.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	NAVAJO COUNTY PUBLIC HEALTH 600 N. 9TH PLACE SHOW LOW, AZ 85901	86-6000541	501 (C) (3)		10,265.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	VOLUNTEERS IN MEDICINE VOLUNTEERS IN MEDICINE HILTON HEAD ISLAND	57-0959206	501 (C) (3)		10,250.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	THE FREE CLINICS OF HENDERSON COUNTY 841 CASE STREET HENDERSONVILLE, NC 28792	56-2212024	501 (C) (3)		10,125.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	KALSIPEL TRIBE OF INDIANS / CAMAS CENTER CL 1821 NORTH LECLERC ROAD CUSICK, WA 99119	91-0875018	501 (C) (3)		10,073.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	WATER STREET HEALTH SERVICES 210 S. PRINCE STREET LANCASTER, PA 17603	23-2798318	501 (C) (3)		9,894.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	SOUTHWEST NEBRASKA PUBLIC HEALTH DEPARTMENT 404 W 10TH STREET MCCOOK, NE 69001	03-0462335	501 (C) (3)		9,849.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	EASTERN STATE HOSPITAL 850 MAPLE ST MEDICAL LAKE, WA 99022	91-6001079	501 (C) (3)		9,061.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	CHRIST CLINIC 914 W. CARLISLE AVE. SPOKANE, WA 99205	91-1435174	501 (C) (3)		8,911.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	COMMUNITY HEALTH SERVICES OF UNION COUNTY I 415-B EAST WINDSOR STREET MONROE, NC 28112	46-0495947	501 (C) (3)		8,347.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	BETHESDA FREE HEALTH CLINIC OF D'IBERVILLE 10701 BONEY AVE DIBERVILLE, MS 39540	27-3534168	501 (C) (3)		8,292.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CHRISTIAN COMMUNITY ACTION 200 SOUTH MILL STREET LEWISVILLE, TX 75057	23-7319371	501 (C) (3)		8,292.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	MARYS CENTER 3912 GEORGIA AVE. NW WASHINGTON, DC 20011	52-1594116	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	CURTIS V. COOPER PRIMARY HEALTH CENTER 106 EAST BROAD ST SAVANNAH, GA 31401	58-1136296	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	PANHANDLE PUBLIC HEALTH DEPARTMENT 1930 EAST 20TH PLACE SCOTTSBLUFF, NE 69361	03-0475216	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	ONEIDA COUNTY HEALTH DEPARTMENT 406 ELIZABETH STREET UTICA, NY 13501	15-6000460	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	MOUNTAINLANDS COMMUNITY HEALTH CENTER 589 SOUTH STATE STREET PROVO, UT 84660	87-0515716	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	ST LUKES FAMILY HEALTH CENTER 4251 RIVER CENTER COURT NE CEDAR RAPIDS IA	54-0504780	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	STE GENEVIEVE COUNTY HEALTH DEPARTMENT 115 BASLER DRIVE STE GENEVIEVE, MO 63670	43-1261308	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	RED WILLOW COUNTY HEALTH DEPARTMENT 1400 WEST 5TH ST MCCOOK, NE 69001	47-6006500	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	SUMMIT COUNTY HEALTH DEPARTMENT 85 NORTH 50 EAST COALVILLE, UT 84017	87-6000295	501 (C) (3)		8,212.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	ST ANDREW COMMUNITY MEDICAL CENTER 3101-B WEST HIGHWAY 98 PANAMA CITY, FL	32-0103234	501 (C) (3)		8,088.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	LIVE OAK CLINIC OF BRAZOSPORT 796 S. BRAZOSPORT BLVD. CLUTE, TX 77531	30-0395491	501 (C) (3)		7,946.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ **Attach to Form 990.**

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1 (a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1) CAMINO HEALTH CENTER 30300 CAMINO CAPISTRANO SAN JUAN CAPISTRANO	33-0574214	501 (C) (3)		7,879.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2) SUFFOLK DOH AMITYVILLE 1080 SUNRISE HWY AMITYVILLE, NY 11701	11-6000464	501 (C) (3)		7,879.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3) CITY OF INDEPENDENCE HEALTH DEPARTMENT 515 S. LIBERTY INDEPENDENCE, MO 64050	44-6000190	501 (C) (3)		7,879.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4) VOLUNTEER HEALTHCARE CLINIC 4215 MEDICAL PARKWAY AUSTIN, TX 78756	74-6082464	501 (C) (3)		7,827.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5) COMMUNITY HEALTH SERVICE AGENCY 4500 WESLEY GREENVILLE, TX 75403	75-1528614	501 (C) (3)		7,762.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6) SAN FRANCISCO FREE CLINIC 4900 CALIFORNIA ST. SAN FRANCISCO, CA 94118	94-3186248	501 (C) (3)		7,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7) VOLUNTEERS IN MEDICINE BERKSHIRES 777 MAIN STREET, STE 4 GREAT BARRINGTON MA	90-0140004	501 (C) (3)		7,008.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8) CARIN CLINIC 5150 ALLSON ST ARVADA, CO 80002	84-1331444	501 (C) (3)		6,988.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9) HOMEFRONT 88 HAMILTON AVENUE STAMFORD, CT 06902	30-0281085	501 (C) (3)		6,888.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10) PEOPLES HEALTH CLINIC 650 ROUND VALLEY DRIVE PARK CITY, UT 84060	87-0638042	501 (C) (3)		6,798.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11) CENTRE VOLUNTEERS IN MEDICINE 2520 GREEN TECH DR. STE D STATE COLLEGE PA	25-1897969	501 (C) (3)		6,546.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12) CITY ON A HILL MINISTRIES HEALTH CLINIC 100 S. PINE ST SUITE 140 ZEELAND, MI 49464	20-3901260	501 (C) (3)		6,537.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----

3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	ALCONA CITIZENS FOR HEALTH (DBA ALCONA HEAL 177 N. BARLOW RD. LINCOLN, MI 48742	38-2170985	501 (C) (3)		6,522.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	GRINNELL REGIONAL PUBLIC HEALTH 306 4TH AVE GRINNELL, IA 50112	42-0933383	501 (C) (3)		6,198.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	VISITING NURSE ASSOC, COMMUNITY HEALTH CENT 1301 MAIN STREET ASBURY PARK, NJ 07712	22-3321236	501 (C) (3)		5,993.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	WEYMOUTH HEALTH DEPARTMENT 75 MIDDLE STREET WEYMOUTH, MA 02189	04-6001363	501 (C) (3)		5,909.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	ESSEX COUNTY PUBLIC HEALTH 132 WATER ST ELIZABETHTOWN, NY 12932	14-6002889	501 (C) (3)		5,909.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	STEBEN COUNTY PUBLIC HEALTH & NURSING SERV STEBEN COUNTY PUBLIC HEALTH BATH, NY 14810	16-6002567	501 (C) (3)		5,909.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	FEEDING AMERICA 35 EAST WACKER DRIVE CHICAGO, IL 60601	36-3673599	501 (C) (3)		5,858.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	MONROE COUNTY DEPT. OF PUBLIC HEALTH 111 WESTFALL RD. ROCHESTER, NY 14620	16-6002563	501 (C) (3)		5,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)	LEWIS COUNTY PUBLIC HEALTH AND SOCIAL SERVI 360 NW NORTH ST CHEHALIS, WA 98532	91-6001351	501 (C) (3)		5,764.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(10)	CHARITABLE PHARMACY OF CENTRAL OHIO 200 EAST LIVINGSTON AVE COLUMBUS, OH 43215	27-0147099	501 (C) (3)		5,748.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(11)	ASHLAND FREE MEDICAL CLINIC 16539 ASHLAND AVE SAN LORENZO, CA 94580	68-0554276	501 (C) (3)		5,583.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(12)	AMAUS HEALTH SERVICES AT CATHEDRAL 259 EAST ONONDAGA ST SYRACUSE, NY 13202	61-1548780	501 (C) (3)		5,566.	FAIR MKT VAL	MED. SUPPL.	ON-GOING

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ -----
- 3 Enter total number of other organizations listed in the line 1 table ▶ -----

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

**SCHEDULE I
(Form 990)**

**Grants and Other Assistance to Organizations,
Governments, and Individuals in the United States**

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

Complete if the organization answered "Yes" to Form 990, Part IV, line 21 or 22.
▶ Attach to Form 990.

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I General Information on Grants and Assistance

- 1 Does the organization maintain records to substantiate the amount of the grants or assistance, the grantees' eligibility for the grants or assistance, and the selection criteria used to award the grants or assistance? Yes No
- 2 Describe in Part IV the organization's procedures for monitoring the use of grant funds in the United States.

Part II Grants and Other Assistance to Governments and Organizations in the United States. Complete if the organization answered "Yes" to Form 990, Part IV, line 21, for any recipient that received more than \$5,000. Part II can be duplicated if additional space is needed.

1	(a) Name and address of organization or government	(b) EIN	(c) IRC section if applicable	(d) Amount of cash grant	(e) Amount of non-cash assistance	(f) Method of valuation (book, FMV, appraisal, other)	(g) Description of non-cash assistance	(h) Purpose of grant or assistance
(1)	CATTARAUGUS COUNTY HEALTH DEPARTMENT 1 LEO MOSS DRIVE OLEAN, NY 14760	16-6002555	501 (C) (3)		5,512.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(2)	VOLUNTEERS IN MEDICINE - SAN DIEGO 1457 E MADISON AVENUE EL CAJON, CA 92019	26-0057391	501 (C) (3)		5,484.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(3)	PARKER FAMILY HEALTH CENTER 211 SHREWSBURY AVE RED BANK, NJ 07701	22-3619518	501 (C) (3)		5,417.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(4)	CALHOUN COUNTY PUBLIC HEALTH 501 COURT STREET LOHRVILLE, IA 50579	42-6005168	501 (C) (3)		5,338.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(5)	NORTH BROWARD HOSPITAL DISTRICT D/B/A BROWA 303 SE 17TH ST, STE 309 FORT LAUDERDALE FL	59-6012065	501 (C) (3)		5,133.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(6)	SPENCER HOSPITAL-CLAY COUNTY PUBLIC HEALTH 1200 1ST AVE E SPENCER, IA 51301	42-6005883	501 (C) (3)		5,133.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(7)	GOOD SAMARITAN HEALTH & WELLNESS 175 SAMARITAN DRIVE JASPER, GA 30143	58-2576315	501 (C) (3)		5,125.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(8)	KANKAKEE COUNTY HEALTH DEPT 2390 W STATION ST KANKAKEE, IL 60901-3000	36-6006595	501 (C) (3)		5,091.	FAIR MKT VAL	MED. SUPPL.	ON-GOING
(9)								
(10)								
(11)								
(12)								

- 2 Enter total number of section 501(c)(3) and government organizations listed in the line 1 table ▶ 548.
- 3 Enter total number of other organizations listed in the line 1 table ▶

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule I (Form 990) (2012)

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1 FREE MEDICINE TO PATIENTS	137,861.		127,550,104.	FMV	PRESCRIPTION MEDS
2 MEDICAL OUTREACH IN THE UNITED STATES	65.		1,344,084.	FMV	MEDICAL SUPPLIES
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

GRANTS AND ASSISTANCE

FORM 990, SCHEDULE I, PART I

LINE 2 - AMERICARES MONITORING ACTIVITIES

MONITORING AND REPORTING: TO ENSURE THAT DONATED GOODS AND FUNDS ARE USED TO FULFILL OUR MISSION, AMERICARES TRACKS EVERY DONATION AS IT ENTERS AND LEAVES OUR WAREHOUSES AND REQUIRES REPORTING OF EACH RECEIVING PARTNER ORGANIZATION, WHICH INCLUDE DETAILED CONFIRMATION OF RECEIPT AND QUARTERLY UPDATES ON DISTRIBUTION. INDIVIDUAL LICENSED HEALTH CARE PROVIDERS RECEIVING DONATIONS THROUGH OUR MEDICAL OUTREACH PROGRAM MUST

Part III Grants and Other Assistance to Individuals in the United States. Complete if the organization answered "Yes" on Form 990, Part IV, line 22. Part III can be duplicated if additional space is needed.

(a) Type of grant or assistance	(b) Number of recipients	(c) Amount of cash grant	(d) Amount of non-cash assistance	(e) Method of valuation (book, FMV, appraisal, other)	(f) Description of non-cash assistance
1					
2					
3					
4					
5					
6					
7					

Part IV Supplemental Information. Complete this part to provide the information required in Part I, line 2, Part III, column (b), and any other additional information.

PROVIDE A REPORT DETAILING HOW THE DONATION WAS USED, NUMBERS OF PATIENTS TREATED AND OTHER INFORMATION. HEALTH PARTNERS THAT RECEIVE FUNDING FROM AMERICARES ARE REQUIRED TO COMPLETE A GRANT APPLICATION AND A GRANT REPORT, INCLUDING DATA ON HOW FUNDS WERE USED AND, IF APPLICABLE, THE HEALTH OUTCOME OF THE FUNDED PROJECT OR ACTIVITY. (IN FY13, AMERICARES FUNDED 188 PROJECTS, PROVIDING \$6.9 MILLION IN SUPPORT.) AMERICARES STAFF ALSO PERFORM SITE VISITS TO MONITOR PARTNERS' USE OF PRODUCT DONATIONS AND FUNDING. TARGETED HEALTH INITIATIVES, SUCH AS THOSE DESCRIBED IN THE "ONGOING" SECTION ABOVE, INCLUDE BASELINE AND FINAL PROJECT ASSESSMENTS.

**SCHEDULE J
(Form 990)**

Department of the Treasury
Internal Revenue Service

Compensation Information

For certain Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees

▶ Complete if the organization answered "Yes" to Form 990, Part IV, line 23.

▶ Attach to Form 990. ▶ See separate instructions.

OMB No. 1545-0047

2012

Open to Public Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Questions Regarding Compensation

	Yes	No
1a Check the appropriate box(es) if the organization provided any of the following to or for a person listed in Form 990, Part VII, Section A, line 1a. Complete Part III to provide any relevant information regarding these items.		
<input type="checkbox"/> First-class or charter travel		
<input type="checkbox"/> Travel for companions		
<input type="checkbox"/> Tax indemnification and gross-up payments		
<input type="checkbox"/> Discretionary spending account		
<input type="checkbox"/> Housing allowance or residence for personal use		
<input type="checkbox"/> Payments for business use of personal residence		
<input type="checkbox"/> Health or social club dues or initiation fees		
<input type="checkbox"/> Personal services (e.g., maid, chauffeur, chef)		
b If any of the boxes on line 1a are checked, did the organization follow a written policy regarding payment or reimbursement or provision of all of the expenses described above? If "No," complete Part III to explain	1b	
2 Did the organization require substantiation prior to reimbursing or allowing expenses incurred by all officers, directors, trustees, and the CEO/Executive Director, regarding the items checked in line 1a?	2	
3 Indicate which, if any, of the following the filing organization used to establish the compensation of the organization's CEO/Executive Director. Check all that apply. Do not check any boxes for methods used by a related organization to establish compensation of the CEO/Executive Director, but explain in Part III.		
<input checked="" type="checkbox"/> Compensation committee		
<input type="checkbox"/> Independent compensation consultant		
<input type="checkbox"/> Form 990 of other organizations		
<input type="checkbox"/> Written employment contract		
<input type="checkbox"/> Compensation survey or study		
<input checked="" type="checkbox"/> Approval by the board or compensation committee		
4 During the year, did any person listed in Form 990, Part VII, Section A, line 1a, with respect to the filing organization or a related organization:		
a Receive a severance payment or change-of-control payment?	4a	X
b Participate in, or receive payment from, a supplemental nonqualified retirement plan?	4b	X
c Participate in, or receive payment from, an equity-based compensation arrangement?	4c	X
If "Yes" to any of lines 4a-c, list the persons and provide the applicable amounts for each item in Part III.		
Only section 501(c)(3) and 501(c)(4) organizations must complete lines 5-9.		
5 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the revenues of:		
a The organization?	5a	X
b Any related organization?	5b	X
If "Yes" to line 5a or 5b, describe in Part III.		
6 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization pay or accrue any compensation contingent on the net earnings of:		
a The organization?	6a	X
b Any related organization?	6b	X
If "Yes" to line 6a or 6b, describe in Part III.		
7 For persons listed in Form 990, Part VII, Section A, line 1a, did the organization provide any non-fixed payments not described in lines 5 and 6? If "Yes," describe in Part III	7	X
8 Were any amounts reported in Form 990, Part VII, paid or accrued pursuant to a contract that was subject to the initial contract exception described in Regulations section 53.4958-4(a)(3)? If "Yes," describe in Part III	8	X
9 If "Yes" to line 8, did the organization also follow the rebuttable presumption procedure described in Regulations section 53.4958-6(c)?	9	

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule J (Form 990) 2012

Part II Officers, Directors, Trustees, Key Employees, and Highest Compensated Employees. Use duplicate copies if additional space is needed.

For each individual whose compensation must be reported in Schedule J, report compensation from the organization on row (i) and from related organizations, described in the instructions, on row (ii). Do not list any individuals that are not listed on Form 990, Part VII.

Note. The sum of columns (B)(i)-(iii) for each listed individual must equal the total amount of Form 990, Part VII, Section A, line 1a, applicable column (D) and (E) amounts for that individual.

(A) Name and Title		(B) Breakdown of W-2 and/or 1099-MISC compensation			(C) Retirement and other deferred compensation	(D) Nontaxable benefits	(E) Total of columns (B)(i)-(D)	(F) Compensation reported as deferred in prior Form 990
		(i) Base compensation	(ii) Bonus & incentive compensation	(iii) Other reportable compensation				
1 CURTIS R. WELLING DIRECTOR, PRESIDENT & C.E.O.	(i)	272,296.	0	0	16,500.	26,754.	315,550.	
	(ii)	0	0	0				
2 KEVIN GILRAIN SENIOR V.P. - HUMAN RESOURCES	(i)	169,056.	0	0	10,185.	18,388.	197,629.	
	(ii)	0	0	0				
3 CHRISTOPH GORDER SENIOR V.P. (THRU 10/05/12)	(i)	139,629.	0	0	8,569.	21,959.	170,157.	
	(ii)	0	0	0				
4 ELLA GUDWIN V.P. - STRATEGY & PRGM DEV.	(i)	115,303.	0	0	7,280.	29,738.	152,321.	
	(ii)	0	0	0				
5 GARY LEEDS VICE PRESIDENT/CONTROLLER	(i)	141,060.	0	0	8,445.	9,194.	158,699.	
	(ii)	0	0	0				
6 KATHERINE SEARS SENIOR V.P. FINANCE & TECH/CFO	(i)	215,133.	0	0	13,287.	21,910.	250,330.	
	(ii)	0	0	0				
7 CAROL SHATTUCK SENIOR V.P. - COMMUNICATIONS	(i)	178,066.	30,000.	0	10,821.	19,889.	238,776.	
	(ii)	0	0	0				
8 LEE WEINER V.P. - DIRECT RESPONSE	(i)	131,025.	0	0	0	25,243.	156,268.	
	(ii)	0	0	0				
9 ADAM ZAYAN V.P. - GLOBAL PARTNERSHIPS	(i)	145,831.	0	0	8,652.	24,190.	178,673.	
	(ii)	0	0	0				
10 FRANK BIA MEDICAL DIRECTOR	(i)	180,560.	0	0	11,140.	28,754.	220,454.	
	(ii)	0	0	0				
11	(i)							
	(ii)							
12	(i)							
	(ii)							
13	(i)							
	(ii)							
14	(i)							
	(ii)							
15	(i)							
	(ii)							
16	(i)							
	(ii)							

Part III Supplemental Information

Complete this part to provide the information, explanation, or descriptions required for Part I, lines 1a, 1b, 3, 4a, 4b, 4c, 5a, 5b, 6a, 6b, 7, and 8, and for Part II. Also complete this part for any additional information.

SCHEDULE J, PART I, LINE 7

THE AMERICARES FOUNDATION AUTHORIZED THE ISSUANCE OF ONE BONUS IN FISCAL 2013 TO THE SENIOR V.P. OF COMMUNICATIONS, CAROL SHATTUCK. THIS BONUS WAS AUTHORIZED BY THE PRESIDENT & CEO CURTIS WELLING AND WAS OFFERED IN RECOGNITION OF MS. SHATTUCK ASSUMING THE JOB RESPONSIBILITIES OF THE SVP OF DEVELOPMENT IN ADDITION TO HER REGULAR DUTIES.

**SCHEDULE M
(Form 990)**

Department of the Treasury
Internal Revenue Service

Noncash Contributions

▶ **Complete if the organizations answered "Yes" on Form 990, Part IV, lines 29 or 30.**

▶ **Attach to Form 990.**

OMB No. 1545-0047

2012

**Open To Public
Inspection**

Name of the organization
AMERICARES FOUNDATION, INC.

Employer identification number
06-1008595

Part I Types of Property

	(a) Check if applicable	(b) Number of contributions or items contributed	(c) Noncash contribution amounts reported on Form 990, Part VIII, line 1g	(d) Method of determining noncash contribution amounts
1 Art - Works of art				
2 Art - Historical treasures				
3 Art - Fractional interests				
4 Books and publications				
5 Clothing and household goods	X		2,296,855.	MARKET PRICE
6 Cars and other vehicles				
7 Boats and planes				
8 Intellectual property				
9 Securities - Publicly traded	X	68.	667,916.	MARKET PRICE
10 Securities - Closely held stock				
11 Securities - Partnership, LLC, or trust interests				
12 Securities - Miscellaneous				
13 Qualified conservation contribution - Historic structures				
14 Qualified conservation contribution - Other				
15 Real estate - Residential				
16 Real estate - Commercial				
17 Real estate - Other				
18 Collectibles				
19 Food inventory	X	296.	4,526,853.	COST/WHOLESALE PRICE
20 Drugs and medical supplies	X	10,678.	581,820,131.	COST/WHOLESALE PRICE
21 Taxidermy				
22 Historical artifacts				
23 Scientific specimens				
24 Archeological artifacts				
25 Other ▶ (<u>HYGIENE ITEMS</u>)	X	758.	4,273,587.	COST/WHOLESALE PRICE
26 Other ▶ (_____)				
27 Other ▶ (_____)				
28 Other ▶ (_____)				

29 Number of Forms 8283 received by the organization during the tax year for contributions for which the organization completed Form 8283, Part IV, Donee Acknowledgement **29** 33.

	Yes	No
30 a During the year, did the organization receive by contribution any property reported in Part I, lines 1-28 that it must hold for at least three years from the date of the initial contribution, and which is not required to be used for exempt purposes for the entire holding period?		X
b If "Yes," describe the arrangement in Part II.		
31 Does the organization have a gift acceptance policy that requires the review of any non-standard contributions?	X	
32 a Does the organization hire or use third parties or related organizations to solicit, process, or sell noncash contributions?	X	
b If "Yes," describe in Part II.		
33 If the organization did not report an amount in column (c) for a type of property for which column (a) is checked, describe in Part II.		

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule M (Form 990) (2012)

Part II **Supplemental Information.** Complete this part to provide the information required by Part I, lines 30b, 32b, and 33, and whether the organization is reporting in Part I, column (b), the number of contributions, the number of items received, or a combination of both. Also complete this part for any additional information.

FORM 990, SCHEDULE M, LINE 32B

TO THE EXTENT THAT AMERICARES RECEIVES NON-CASH CONTRIBUTIONS IN THE FORM
OF DONATED SECURITIES, AMERICARES WILL USE ITS OWN INVESTMENT BROKER TO
SELL THOSE DONATED SECURITIES.

Supplemental Information to Form 990 or 990-EZ

Department of the Treasury
Internal Revenue Service

Complete to provide information for responses to specific questions on
Form 990 or 990-EZ or to provide any additional information.
▶ Attach to Form 990 or 990-EZ.

2012

Open to Public
Inspection

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

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990 REVIEW PROCESS

FORM 990, PART VI, LINE 11

THE FORM 990 WAS PREPARED BY A NATIONALLY RENOWNED ACCOUNTING FIRM IN CONJUNCTION WITH THE ORGANIZATION'S FINANCIAL DEPARTMENT. BEFORE FILING, THE FORM 990 IS REVIEWED BY MANAGEMENT AND DISTRIBUTED TO THE AUDIT COMMITTEE OF THE BOARD OF DIRECTORS FOR REVIEW AND COMMENT. COMMENTS ARE ADDRESSED AND THE FORM IS DISTRIBUTED TO THE ENTIRE BOARD OF DIRECTORS.

CONFLICT OF INTEREST POLICY

FORM 990, PART VI, LINE 12

IF A DIRECTOR OR EXECUTIVE OFFICER BELIEVES THAT HE OR SHE MAY HAVE A CONFLICT OF INTEREST WITH RESPECT TO ANY PARTICULAR TRANSACTION, HE OR SHE SHALL PROMPTLY AND FULLY DISCLOSE THE POTENTIAL CONFLICT TO THE CHIEF EXECUTIVE OFFICER ("CEO") AND THE CHAIR OF THE GOVERNANCE COMMITTEE AND THE LATTER SHALL THEN PROMPTLY NOTIFY ALL MEMBERS OF THE GOVERNANCE COMMITTEE.

A. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT WITH RESPECT OF A DIRECTOR, THE CONFLICT SHALL BE REPORTED TO THE FULL BOARD, AND THE AFFECTED DIRECTOR SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR OF ONE OF ITS COMMITTEES, THE AFFECTED DIRECTOR SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT

Name of the organization

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THE QUORUM DETERMINATION AND THE VOTING.

B. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT CONCERNING A PARTICULAR TRANSACTION WITH RESPECT TO AN EXECUTIVE OFFICER, THEY SHALL EXERCISE THEIR BEST JUDGMENT ABOUT THE APPROPRIATE COURSE TO FOLLOW, WHICH MAY INCLUDE:

1. APPROVAL OF THE TRANSACTION DESPITE THE CONFLICT IF THEY ARE REASONABLY CERTAIN THAT THE BEST INTERESTS OF AMERICARES WILL BE SERVED THEREBY, OR
2. REFERRAL OF THE ISSUE TO LEGAL COUNSEL FOR ADVICE, OR
3. REFERRAL OF THE ISSUE TO THE APPROPRIATE COMMITTEE OF THE BOARD OF DIRECTORS, OR TO THE FULL BOARD, FOR DECISION. EXCEPT THAT IN ALL CASES WHEREIN THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS IN FACT A CONFLICT OF INTEREST CONCERNING A PARTICULAR TRANSACTION INVOLVING AN OFFICER OF AMERICARES, THE FULL BOARD SHALL BE NOTIFIED OF THE RESOLUTION OF THE ISSUE AND THE AFFECTED OFFICER SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT BOARD MEMBERS MAY HAVE.

C. IF THE GOVERNANCE COMMITTEE DETERMINES THAT THERE IS NO CONFLICT OF INTEREST WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVING A DIRECTOR OR OFFICER, THEY NEED NOT NOTIFY THE BOARD OF DIRECTORS, BUT THE SECRETARY OF THE BOARD SHALL KEEP A RECORD OF THE DECISION WHICH SHALL BE AVAILABLE

Name of the organization

AMERICARES FOUNDATION, INC.

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TO BOARD MEMBERS UPON REQUEST.

D. IN ANY CASE IN WHICH THE POTENTIAL CONFLICT WITH RESPECT TO A PARTICULAR TRANSACTION INVOLVES EITHER THE CEO OR THE CHAIRMAN OF THE BOARD OF DIRECTORS, THE AFFECTED PARTY SHALL NOTIFY THE CHAIR OF THE GOVERNANCE COMMITTEE, AND THE CONFLICT SHALL THEN BE REPORTED TO THE FULL BOARD, AND THE CEO OR CHAIRMAN OF THE BOARD SHALL AGREE TO ANSWER ANY QUESTIONS ABOUT THE MATTER THAT OTHER BOARD MEMBERS MAY HAVE. IF THE PARTICULAR TRANSACTION REQUIRES A VOTE OF THE BOARD, OR ONE OF ITS COMMITTEES, THE CEO OR CHAIRMAN SHALL NOT BE COUNTED FOR PURPOSES OF A QUORUM NOR SHALL HE OR SHE VOTE ON THE MATTER. THE MINUTES SHALL REPORT THE QUORUM DETERMINATION AND THE VOTING.

PROCESS FOR DETERMINING COMPENSATION

FORM 990, PART VI, LINE 15

THE BOARD OF DIRECTORS DETERMINES COMPENSATION OF THE CEO, WHO RECEIVES THE SAME COMPENSATION AS WHEN HE STARTED WITH AMERICARES IN 2002. HE HAS NOT ACCEPTED ANY ANNUAL INCREASES OR ADJUSTMENTS TO HIS COMPENSATION, ALTHOUGH IN NOVEMBER 2008, AND AGAIN IN APRIL 2009, HE DID ACCEPT A REDUCTION IN COMPENSATION AS PART OF AN ORGANIZATION-WIDE ACTION. THE ORGANIZATION'S CHIEF EXECUTIVE DETERMINES THE COMPENSATION OF OTHER SENIOR STAFF AND MAY UTILIZE AVAILABLE MARKET DATA, SALARY SURVEY RESULTS AND OTHER AVAILABLE TOOLS TO SUBSTANTIATE DECISIONS.

PUBLIC DISCLOSURE OF DOCUMENTS

FORM 990, PART VI, LINE 19

THE TAXPAYER MAKES ITS FORM 990 AVAILABLE TO THE PUBLIC BY RETAINING A

Name of the organization

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COPY AT ITS PLACE OF BUSINESS AND ON ITS WEBSITE. THE FORM 990 IS
 LIKEWISE PUBLISHED ON THE INTERNET AT WWW.GUIDESTAR.ORG. THE
 ORGANIZATION'S FINANCIAL STATEMENTS ARE SUMMARIZED IN ITS ANNUAL REPORT,
 WHICH IS AVAILABLE ON ITS WEBSITE AND BY REQUEST; FULL FINANCIAL
 STATEMENTS ARE AVAILABLE UPON REQUEST. THE GOVERNING DOCUMENTS AND
 CONFLICT OF INTEREST POLICY ARE NOT ORDINARILY MADE AVAILABLE TO THE
 PUBLIC, BUT, IF REQUESTED, WILL BE PROVIDED AT MANAGEMENT'S DISCRETION.

OTHER CHANGES IN NET ASSETS

FORM 990, PART XII, LINE 5

SPLIT INTEREST AGREEMENT (\$133,888)

SIGNIFICANT CHANGES TO GOVERNING DOCUMENTS

FORM 990, PART VI, LINE 4

THE AMERICARES FOUNDATION AMENDED ITS BYLAWS IN FISCAL 2013 TO ACCOMPLISH
 THE FOLLOWING ORGANIZATIONAL CHANGES:

1. THE FOUNDATION ESTABLISHED TERM LIMITS FOR BOARD MEMBERS AND COMMITTEE
 CHAIRS
2. THE FOUNDATION COMBINED ITS AUDIT AND RISK COMMITTEES
3. THE FOUNDATION EXPANDED THE ROLE OF THE DEVELOPMENT COMMITTEE TO
 ENCOMPASS COMMUNICATIONS AND MARKETING EFFORTS; AND
4. THE FOUNDATION MODIFIED THE ROLE OF ITS DISCRETIONARY COMMITTEE.

Name of the organization

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ATTACHMENT 1FORM 990, PART III, LINE 1 - ORGANIZATION'S MISSION

AMERICARES IS A DISASTER RELIEF AND GLOBAL HEALTH ORGANIZATION. WHERE THERE ARE SHORTAGES OF MEDICINE BECAUSE OF DISASTER, POVERTY OR LIMITED RESOURCES, WE DONATE MEDICINE, SUPPLIES AND EXPERTISE TO SAVE LIVES AND IMPROVE HEALTH.

SIMPLY PUT, OUR VISION IS TO HELP MANY MORE PEOPLE LIVE LONGER, HEALTHIER LIVES. ALL OF OUR ACTIVITIES AND EXPENSES SUPPORT THAT GOAL.

SINCE WE BEGAN OPERATIONS IN 1982, AMERICARES HAS PROVIDED MORE THAN \$11 BILLION IN AID TO PEOPLE IN 164 COUNTRIES.

AMERICARES THREE AREAS OF LARGEST EXPENSE ARE GLOBAL MEDICAL ASSISTANCE, PATIENT ASSISTANCE PROGRAM AND OUR CLINIC IN EL SALVADOR, CLINICAL INTEGRAL DE FAMILIAR.

ATTACHMENT 2FORM 990, PART III - PROGRAM SERVICE, LINE 4A

GLOBAL MEDICAL ASSISTANCE: OUR GLOBAL MEDICAL ASSISTANCE PROGRAM IS OUR LARGEST BY FAR. IN FY13, AMERICARES GLOBAL MEDICAL ASSISTANCE DONATED ENOUGH MEDICINE TO FILL 13.5 MILLION PRESCRIPTIONS, AS WELL AS 36 MILLION UNITS OF MEDICAL SUPPLIES, FOR PEOPLE IN NEED IN 89 COUNTRIES. THE TOTAL VALUE OF ALL DONATIONS AND FINANCIAL ASSISTANCE WAS MORE THAN \$462.5 MILLION. EXPENSES OCCURRED IN THESE AREAS:

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY: AMERICARES RESPONDED TO 37 DISASTERS IN 25 COUNTRIES, CONTINUED RECOVERY WORK IN FOUR COUNTRIES AND FUNDED DISASTER PREPARATION PROJECTS IN 10 COUNTRIES. IN TOTAL, WE PROVIDED \$29 MILLION IN AID FOR VICTIMS OF NATURAL AND MANMADE DISASTERS ACROSS THE CONTINUUM OF PREPAREDNESS, RESPONSE AND RECOVERY.

OUR EMERGENCY RESPONSE AND RECOVERY WORK INCLUDED A COMPREHENSIVE RESPONSE TO HURRICANE SANDY, FOR WHICH, IN JUST THE FIRST SIX MONTHS, WE DONATED ENOUGH AID TO HELP 400,000 PEOPLE, INCLUDING 1.4 MILLION RELIEF ITEMS. FOR EXAMPLE, WE DONATED 450,000 BOTTLES OF WATER, ENOUGH TO PROVIDE A THREE-DAY SUPPLY TO 75,000 PEOPLE. TO DISTRIBUTE AID EFFECTIVELY AFTER SANDY, WE PARTNERED WITH 97 HEALTH CARE ORGANIZATIONS AND LOCAL RELIEF GROUPS, PROVIDING THEM WITH FUNDING, SUPPLIES AND MEDICINE. FOR LONG-TERM RELIEF, WE DONATED DURABLE MEDICAL GOODS AND FUNDING FOR MAINTENANCE, RESTORATION AND EXPANSION OF HEALTH SERVICES AND CASE MANAGEMENT IN AFFECTED COMMUNITIES.

ONGOING: IN FY13, AMERICARES PROVIDED \$433.5 MILLION IN AID TO OUR PARTNER NETWORK IN 83 COUNTRIES (INCLUDING THE U.S.) TO RELIEVE SHORTAGES OF MEDICINES IN LOW-RESOURCE COMMUNITIES. THIS INCLUDED DONATION OF ENOUGH MEDICINE TO FILL 11.9 MILLION PRESCRIPTIONS FOR PEOPLE IN NEED OF CARDIOVASCULAR MEDICATIONS, ANTIBIOTICS,

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

VACCINES AND OTHER CRUCIAL MEDICINES. OUR SUPPORT ALSO INCLUDED DURABLE MEDICAL EQUIPMENT, MEDICAL SUPPLIES AND FINANCIAL ASSISTANCE.

IN THE U.S. ALONE, AMERICARES DELIVERED \$70.4 MILLION IN MEDICINES TO U.S. SAFETY NET ORGANIZATIONS, ENABLING THEM TO PROVIDE MORE THAN 1 MILLION FREE PRESCRIPTIONS TO LOW-INCOME UNINSURED AND UNDERINSURED PATIENTS IN 50 STATES. IN AN OCTOBER 2013 EXTERNAL EVALUATION OF OUR U.S. MEDICAL ASSISTANCE PROGRAM, 95 PERCENT OF CLINICS RESPONDING TO A SURVEY STRONGLY AGREED OR AGREED THAT PRODUCT DONATIONS FROM AMERICARES REDUCED OUT-OF-POCKET EXPENSES FOR THEIR PATIENTS AND 56 PERCENT STRONGLY AGREED OR AGREED THAT WITHOUT AMERICARES DONATIONS, THE ORGANIZATION WOULD HAVE TO CUT FUNDS FROM OTHER PROGRAMS TO PURCHASE PRODUCTS.

THROUGH OUR MEDICAL OUTREACH PROGRAM, AMERICARES DONATED SUPPLIES TO 919 VOLUNTEER HEALTH CARE TEAMS TRAVELING TO 76 COUNTRIES TO PROVIDE SKILLED CARE IN NEGLECTED COMMUNITIES. BASED ON REPORTS AMERICARES REQUIRES AT THE COMPLETION OF EACH TRIP, TEAMS SUPPORTED BY AMERICARES SAW 822,800 PATIENTS AND PERFORMED 40,953 SURGERIES. IN FY13, AMERICARES DONATIONS OF MEDICINES AND SUPPLIES TO THESE U.S.-LICENSED PHYSICIANS AND HEALTH CARE PROVIDERS TOTALED \$41.3 MILLION (MEDICINES AND SUPPLIES VALUED AT \$9.6 MILLION WERE FOR WORK IN EMERGENCIES AND ARE INCLUDED IN THE EMERGENCY PREPAREDNESS, RESPONSE AND RECOVERY SECTION ABOVE).

Name of the organization

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ATTACHMENT 2 (CONT'D)

THESE VISITS HAVE A LASTING EFFECT: MOST TEAMS RETURN TO THE SAME LOCATIONS AND A VAST MAJORITY (80 PERCENT) INCLUDE TRAINING OF LOCAL STAFF IN THEIR VISIT. IN FY13, AMERICARES ALSO FINISHED PHASE ONE OF A MEDICAL OUTREACH BEST PRACTICES STUDY WITH THE GOAL OF ENHANCING MEDICAL OUTREACH TEAMS' IMPACT ON PATIENTS AND HOST INSTITUTIONS.

AMERICARES IS ALSO PARTICIPATING IN TARGETED HEALTH INITIATIVES.

AMONG OUR ACTIVITIES DURING FY13, WE:

- PUBLISHED THE RESULTS OF OUR HEALTH WORKER SAFETY INITIATIVE IN TANZANIA, A JOINT PROJECT WITH BD, MERCK & CO., INC., AND BUGANDO MEDICAL CENTRE, WHICH TARGETED 2,000 HEALTH WORKERS AND MEDICAL STUDENTS AT BMC TO REDUCE RISK AND INCIDENCE OF INFECTIONS, ESPECIALLY HEPATITIS B;

- WITH BRISTOL-MYERS SQUIBB AND PERU-VIDA, BEGAN A PROJECT TO EDUCATE AND REDUCE RISK FOR DIABETES IN 1,000 AT-RISK INDIVIDUALS AND PROVIDE TREATMENT FOR APPROXIMATELY 250 DIABETIC PATIENTS IN A RURAL FARMING COMMUNITY IN PERU;

- COMPLETED YEAR SIX OF A BREAST CANCER INITIATIVE IN CAMBODIA, WHICH HAS SCREENED MORE THAN 1,000 WOMEN FOR BREAST CANCER, TRAINED 604 PEER EDUCATORS AND PROVIDED TREATMENT FOR 385 CANCER PATIENTS; AND

Name of the organization AMERICARES FOUNDATION, INC.	Employer identification number 06-1008595
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ATTACHMENT 2 (CONT'D)

- WITH THE ABBOTT FUND, COMPLETED THE 10TH YEAR OF A PEDIATRIC NUTRITION PROGRAM WITH THE GOAL OF IMPROVING NUTRITION AND THE HEALTH STATUS OF CHILDREN AGES 12 MONTHS TO 5 YEARS IN SOME OF THE POOREST RURAL REGIONS OF CENTRAL AND SOUTHERN VIETNAM. OVER THE PAST TEN YEARS, THE PROJECT HAS SUCCEEDED IN LOWERING THE AVERAGE MALNUTRITION RATE AMONG THE PARTICIPATING BENEFICIARIES TO LESS THAN 20 PERCENT.

PRIMARY CARE: THROUGH OUR PARTNER IN INDIA, AMERICARES MANAGES A MOBILE CLINIC PROGRAM; THE MOBILE CLINIC STAFF MANAGED 38,265 PATIENT VISITS, HELPING TO RELIEVE SHORTAGES OF MEDICINES AND SUPPLIES AND PROVIDE CARE FOR RESIDENTS OF SLUM COMMUNITIES IN MUMBAI.

ATTACHMENT 3FORM 990, PART III - PROGRAM SERVICE, LINE 4B

PATIENT ASSISTANCE PROGRAM: SINCE 1994, AMERICARES HAS BEEN MANAGING PATIENT ASSISTANCE PROGRAMS FOR INDIVIDUAL PHARMACEUTICAL PARTNERS, WITH MORE THAN 3 MILLION PRESCRIPTIONS FILLED SINCE THE PROGRAM'S INCEPTION. TO ACCOMPLISH THIS, AMERICARES PARTNERS WITH PATIENT-FACING VENDORS TO SCREEN APPLICANTS FOR ELIGIBILITY, AS WELL AS WITH FULFILLMENT PHARMACIES THAT DISPENSE 24 BRANDS OF MEDICATION TO APPROVED PATIENTS IN ALL 50 STATES. THE TOTAL VALUE OF MEDICINES DONATED THROUGH PAP IN FY13 WAS NEARLY \$128 MILLION,

Name of the organization

AMERICARES FOUNDATION, INC.

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ATTACHMENT 3 (CONT'D)

ENOUGH MEDICINE TO FILL CLOSE TO 494,000 PRESCRIPTIONS FOR PATIENTS WHO MIGHT NOT OTHERWISE HAVE ACCESS TO THESE CRUCIAL MEDICATIONS. MEDICINES WERE SHIPPED TO PATIENTS IN ALL 50 STATES, AS WELL AS PUERTO RICO AND THE U.S. VIRGIN ISLANDS.

ATTACHMENT 4FORM 990, PART III - PROGRAM SERVICE, LINE 4C

AMERICARES CLINICAL INTEGRAL DE FAMILIAR: IN ITS 10TH YEAR OF OPERATION, AMERICARES EL SALVADOR CLINIC PROVIDED HEALTH CARE TO 26,569 PATIENTS WHO MADE A TOTAL OF 68,470 VISITS TO THE FACILITY. THE CLINIC ALSO HAS A ROBUST HEALTH EDUCATION PROGRAM: MORE THAN 121,000 PEOPLE IN 187 COMMUNITIES ATTENDED HEALTH FAIRS THAT OUR CLINIC STAFF DEVELOPED WITH LOCAL HEALTH LEADERS. AT THE CLINIC, STAFF OFFERED 36 HEALTH EDUCATION MODULES INCLUDING PRENATAL AND NEWBORN CARE FOR EXPECTANT MOTHERS, AND SELF-CARE FOR DIABETES AND HYPERTENSION PATIENTS. CLINICAL INTEGRAL DE FAMILIAR IS THE FIRST CLINIC IN EL SALVADOR TO UTILIZE ELECTRONIC RECORDS AND OFFERS CARE IN NINE MEDICAL SPECIALTIES, INCLUDING PEDIATRICS, OBSTETRICS-GYNECOLOGY AND OPHTHALMOLOGY.

OUR CLINIC ALSO SERVES AS DISTRIBUTION HUB FOR DONATIONS TO OTHER HEALTH AND SOCIAL SERVICE INSTITUTIONS IN EL SALVADOR. IN FY13, AMERICARES EL SALVADOR CLINIC DONATED \$2,834,023 WORTH OF MEDICINES AND SUPPLIES TO 25 HEALTH INSTITUTIONS AND 98 SOCIAL SERVICE INSTITUTIONS IN 55 COMMUNITIES.

Name of the organization

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ATTACHMENT 4 (CONT'D)

THE CLINIC CURRENTLY HAS 77 EMPLOYEES. OUR INTERNAL REGULATIONS
ARE MONITORED BY EL SALVADOR'S DEPARTMENT OF LABOR.

ATTACHMENT 5FORM 990, PART V, LINE 4B - FOREIGN COUNTRIES

EL SALVADOR

SRI LANKA

HAITI

INDIA

JAPAN

ATTACHMENT 6FORM 990, PART VI, LINE 17 - STATES

AL, AK, AZ, AR, CA, CO, CT,

DC, FL, GA, HI, IL, KS, KY, LA, ME, MD, MA, MI,

MN, MS, MO, NH, NJ, NM, NY, NC, ND, OH, OK, OR, PA,

RI, SC, TN, UT, VA, WA, WV, WI,

ATTACHMENT 7990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
MAIL AMERICA COMMUNICATIONS 1174 ELKTON FARM ROAD, P.O. BOX 870 FOREST, VA 24551	FUNDRAISING	693,393.

Name of the organization

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ATTACHMENT 7 (CONT'D)

990, PART VII- COMPENSATION OF THE FIVE HIGHEST PAID IND. CONTRACTORS

<u>NAME AND ADDRESS</u>	<u>DESCRIPTION OF SERVICES</u>	<u>COMPENSATION</u>
BRICKMILL MARKETING INC 24 MILL BROOK ROAD WILTON, NH 03086	DIRECT MAIL	384,124.
DONOR DIGITAL INC 2550 NINTH STREET, STE 103 BERKELY, CA 94710	FUNDRAISING	369,113.
MAL WARWICK & ASSOCIATES 2550 NINTH STREET, STE 103 BERKLEY, CA 94710	FUNDRAISING	266,875.
DONOR SERVICES GROUP 6715 SUNSET BOULEVARD LOS ANGELES, CA 90028	FUNDRAISING	261,398.

**SCHEDULE R
(Form 990)**

Related Organizations and Unrelated Partnerships

OMB No. 1545-0047

2012

**Open to Public
Inspection**

Department of the Treasury
Internal Revenue Service

▶ **Complete if the organization answered "Yes" to Form 990, Part IV, line 33, 34, 35, 36, or 37.**

▶ **Attach to Form 990.**

▶ **See separate instructions.**

Name of the organization

AMERICARES FOUNDATION, INC.

Employer identification number

06-1008595

Part I Identification of Disregarded Entities (Complete if the organization answered "Yes" to Form 990, Part IV, line 33.)

(a) Name, address, and EIN (if applicable) of disregarded entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Total income	(e) End-of-year assets	(f) Direct controlling entity
(1) -----					
(2) -----					
(3) -----					
(4) -----					
(5) -----					
(6) -----					

Part II Identification of Related Tax-Exempt Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related tax-exempt organizations during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Exempt Code section	(e) Public charity status (if section 501(c)(3))	(f) Direct controlling entity	(g) Section 512(b)(13) controlled entity?	
						Yes	No
(1) AMERICARES FREE CLINICS, INC 88 HAMILTON AVENUE STAMFORD, CT 06902 06-1422741	HEALTH CARE	CT	501 (C) (3)	7	N/A	X	
(2) -----							
(3) -----							
(4) -----							
(5) -----							
(6) -----							
(7) -----							

For Paperwork Reduction Act Notice, see the Instructions for Form 990.

Schedule R (Form 990) 2012

Part III Identification of Related Organizations Taxable as a Partnership (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a partnership during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Predominant income (related, unrelated, excluded from tax under sections 512-514)	(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
							Yes	No		Yes	No	
(1) -----												
(2) -----												
(3) -----												
(4) -----												
(5) -----												
(6) -----												
(7) -----												

Part IV Identification of Related Organizations Taxable as a Corporation or Trust (Complete if the organization answered "Yes" to Form 990, Part IV, line 34 because it had one or more related organizations treated as a corporation or trust during the tax year.)

(a) Name, address, and EIN of related organization	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Direct controlling entity	(e) Type of entity (C corp, S corp, or trust)	(f) Share of total income	(g) Share of end-of-year assets	(h) Percentage ownership	(i) Section 512(b)(13) controlled entity?	
								Yes	No
(1) -----									
(2) -----									
(3) -----									
(4) -----									
(5) -----									
(6) -----									
(7) -----									

Part V Transactions With Related Organizations (Complete if the organization answered "Yes" to Form 990, Part IV, line 34, 35b, or 36.)

Note. Complete line 1 if any entity is listed in Parts II, III, or IV of this schedule.

1 During the tax year, did the organization engage in any of the following transactions with one or more related organizations listed in Parts II-IV?

	Yes	No
a Receipt of (i) interest (ii) annuities (iii) royalties or (iv) rent from a controlled entity		X
b Gift, grant, or capital contribution to related organization(s)	X	
c Gift, grant, or capital contribution from related organization(s)		X
d Loans or loan guarantees to or for related organization(s)		X
e Loans or loan guarantees by related organization(s)		X
f Dividends from related organization(s)		
g Sale of assets to related organization(s)		X
h Purchase of assets from related organization(s)		X
i Exchange of assets with related organization(s)		X
j Lease of facilities, equipment, or other assets to related organization(s)		X
k Lease of facilities, equipment, or other assets from related organization(s)		X
l Performance of services or membership or fundraising solicitations for related organization(s)		X
m Performance of services or membership or fundraising solicitations by related organization(s)		X
n Sharing of facilities, equipment, mailing lists, or other assets with related organization(s)		X
o Sharing of paid employees with related organization(s)		X
p Reimbursement paid to related organization(s) for expenses		X
q Reimbursement paid by related organization(s) for expenses	X	
r Other transfer of cash or property to related organization(s)		X
s Other transfer of cash or property from related organization(s)		X

2 If the answer to any of the above is "Yes," see the instructions for information on who must complete this line, including covered relationships and transaction thresholds.

(a) Name of other organization	(b) Transaction type (a-s)	(c) Amount involved	(d) Method of determining amount involved
(1) AMERICARES FREE CLINICS, INC	B	236,541.	CASH
(2) AMERICARES FREE CLINICS, INC	B	590,799.	FMV
(3) AMERICARES FREE CLINICS, INC	Q	46,967.	FMV
(4)			
(5)			
(6)			

Part VI Unrelated Organizations Taxable as a Partnership (Complete if the organization answered "Yes" on Form 990, Part IV, line 37.)

Provide the following information for each entity taxed as a partnership through which the organization conducted more than five percent of its activities (measured by total assets or gross revenue) that was not a related organization. See instructions regarding exclusion for certain investment partnerships.

(a) Name, address, and EIN of entity	(b) Primary activity	(c) Legal domicile (state or foreign country)	(d) Predominant income (related, unrelated, excluded from tax under section 512-514)	(e) Are all partners section 501(c)(3) organizations?		(f) Share of total income	(g) Share of end-of-year assets	(h) Disproportionate allocations?		(i) Code V-UBI amount in box 20 of Schedule K-1 (Form 1065)	(j) General or managing partner?		(k) Percentage ownership
				Yes	No			Yes	No		Yes	No	
(1) -----													
(2) -----													
(3) -----													
(4) -----													
(5) -----													
(6) -----													
(7) -----													
(8) -----													
(9) -----													
(10) -----													
(11) -----													
(12) -----													
(13) -----													
(14) -----													
(15) -----													
(16) -----													

Part VII **Supplemental Information**

Complete this part to provide additional information for responses to questions on Schedule R (see instructions).
